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ABSTRACT

Competency based modules are presented for educating paraprofessionals to work with severely and multiply handicapped persons. Objectives, suggested learning activities, and performance criteria are listed for six modules (sample subtopics in parentheses): human growth and development (prenatal influences); orientation to disability and handicapping conditions (etiology, characteristics); behavior principles (shaping, accelerating, reinforcing behavior); interactive processes (interpersonal communication, positive and negative feedback); leisure programing (recreational resources, activity program planning); and client care (safety, daily care). (CL)

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# Human Service Technician
# In-Service Training Modules

## Competency-Based Instructional Material for Personnel Providing Direct Care Service for Handicapped Individuals

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Appendix D of Final Report

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1977

# Preface

This module was developed by the Human Service Technician Project to be used in training paraprofessionals who provide direct care to severely handicapped persons. The six modules are entitled:

Orientation to Disability and Handicapping Conditions

Client care of the Developmentally Disabled

Human Growth and Development

Behavior Principles

Interactive Processes

Leisure Programming for the Severely, Profoundly and
  Multiply Handicapped

The modules were developed between 1978 and 1979 and field tested and revised from 1979 to 1980 by the Human Service Technician Project. Funding for the project has been provided by the Division of Personnel Preparation, Bureau of Education for the Handicapped, U. S. Office of Education, Department of Health and Welfare.

The modules provide a competency based curriculum to be used in training persons who are currently employed by service agencies to provide daily services to severely handicapped persons. Such persons include, but are not limited to therapy technicians at state institutions and community centers, teacher aides in the public school, and staff persons working in sheltered workshops and group homes for the severely handicapped. Because of the many titles used in referring to these persons, we have chosen to use the term human service technician to refer to any paraprofessional who provides direct care for severely handicapped persons.

As programs providing services to severely handicapped persons move away from general custodial and maintenance efforts into areas of education and training, the human service technician is seen as an emerging role. In order to assure that programs are adequately implemented and to assure that severely handicapped persons receive appropriate education and training, it is imperative that human service technicians be trained. It is the intent of the Human Service Technician Project that the six inservice modules serve as a basis for the training of human service technicians.

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# Introduction

While many persons are involved with the care and education of the severely handicapped, few are more directly involved than those persons providing direct care. Within any state institution, community service center, sheltered workshop or group home there are a sizeable number of paraprofessionals who actually provide most of the direct care services severely handicapped persons receive. Because these persons titles vary depending on the service agencies employing them, we have elected to use the term human service technician to indicate any paraprofessional who is involved in providing direct care service to severely handicapped persons. Capable human service technicians are crucial to the provision of quality care to severely handicapped persons.

Traditionally, minimal attention has been given to upgrading the training opportunities of the human service technician. This has been due in large measure to the prevailing attitude that the services provided by such persons were essentially custodial and maintenance oriented. Limited resources and lack of trainers have also limited the amount of training human service technicians have received in the past.

The past decade has been witness to many changes, some of which have brought into focus the needs of paraprofessionals. Change has occurred because advocate groups, responsive community leaders, informed legislators, and civil and human rights groups have expressed concern about the quality of care for severely handicapped persons. These groups have joined in chorus with professional leaders to insure that their concern for care would be translated into meaningful federal and state legislation for handicapped persons. Most notable of this current legislation is P.L. 94-142 which mandates free and appropriate public education for all handicapped children in the least restrictive environment. As a result of this legislation we witness a demand for appropriate education programs for severely handicapped persons. Consequently, we also witness a need to emphasize the important contributions of the human service technician.

It is increasingly recognized that the success of any educational and/or rehabilitation efforts is dependent on the quality of comprehensive services provided by all persons with whom the disabled individual comes in contact. Since the human services technician in most settings is the one who has the greatest amount of contact with the severely, profoundly, and multiply handicapped child or adult, it follows that their potential importance to the provision of quality care cannot be underestimated.

This growing recognition of the need to upgrade and improve the training opportunities of the human services technician created a demand in the State of Idaho to expand both preservice and inservice training programs. As efforts were initiated it became obvious that the surrounding intermountain states had the same needs and were experiencing the same shortage of financial and technical resources to bring about a meaningful impact upon the problem. A limited survey across the nation revealed that other sections of the country had experienced a similar state of affair. Few exemplary models for training were available and many of the instructional resources were of questionable value and utility. It was in this light that federal support was sought.

In May, 1975, the Bureau of Education for the Handicapped, Division of Personnel Preparation, Office of Education, Health, Education and Welfare, awarded the Idaho State Department of Health and Welfare a three-year Special Project Grant, titled "Project for the Care and Training of the Handicapped". The purpose of this project was to prepare paraprofessional individuals to provide services to severely handicapped persons. This special project was the first of its kind in the intermountain states.

Human Service Technician Inservice Modules are the result of a cooperative venture between the Idaho Department of Health and Welfare and Boise State University. The guidelines were developed to address specific training needs in Idaho; however, the authors have extended considerable effort so as to maximize their usefulness in a variety of situations and settings.

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# Development Of Curriculum Guidelines

Persons considering use of the Human Service Technician Inservice Modules as a basis for establishing training programs may be concerned about procedures use in developing the modules and identifying content. It is the authors' opinion that a good trainer should have such concerns. Therefore this chapter outlines the theoretical model and program design model used in developing the inservice modules.

## Theoretical Model

The theoretical model employed in the development of the modules is referred to in the literature as Performance Based Education or Competency Based Education. The term competency is used to mean "adequacy for task performance" or "possession of required knowledge, skills and abilities". The phrase "competency based education" refers to an educational process which places emphasis on the acquisition of skills for tasks designated as necessary for occupational and/or professional functioning. The terms identified with this mode of instruction are (a) individualized learning, (b) accountability and (c) specificity of learning objectives in behavioral terms.

It is not the intent of this introduction to review the theoretical foundations of competency based education. For such a review, the reader is urged to search out one of the many texts on the subject. It may be helpful, however, for those newly initiated to the concepts of competency based education to review the following simplified list of seven major characteristics which appears in the literature:

1. Competencies are publicly stated.
2. Objectives for learners are identified in behavioral terms.
3. Criteria for measuring competencies are specified.
4. Alternative learning activities are made available to students.
5. Time for reaching competency is variable while achievement is held constant.
6. Teachers are held accountable for program design while students are accountable for their own achievements.
7. Programs are individualized.

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It can be seen from some of the above characteristics that competency based education may be placed in sharp contrast to traditional education. As such it is sometimes difficult to implement. Even in the development and field testing of the modules, the tether had to be judiciously loosened on occasion to accommodate the many pragmatic realities and existing limitations.

## Program Development Paradigm

Implicit in many competency-based approaches to curriculum development is the notion that program developers formulate and follow a "systems model" or systematic program development paradigm. This paradigm should be designed so as to explicate all crucial tasks associated with the curriculum development process. The paradigm followed in developing the Human Service Technician Inservice Module is outlined in Figure 1. The procedures followed in Human Service Technician Project closely approximate those found in the paradigm.

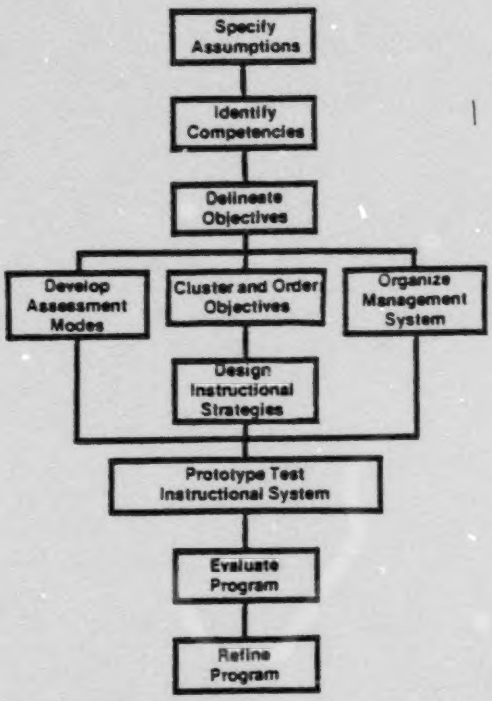
Specify Assumptions
Identify Competencies
Delineate Objectives
Develop Assessment Modes
Cluster and Order Objectives
Organize Management System
Design Instructional Strategies
Prototype Test Instructional System
Evaluate Program
Refine Program

Figure 1
Program Design Model

## Competency Identification

In 1975, the Personnel Division of the Department of Health and Welfare's Management Office, and the Idaho State School and Hospital undertook the task of developing Job Related Job Descriptions (JRJD) for the position of Therapy Technician, a position roughly comparable to what we are referring to as the human service technician.

Six clusters of tasks which were identified as the responsibility of the therapy trainee including (1) health care; (2) compliance with rules and regulations; (3) client training, (4) charting; (5) communications and (6) maintaining a safe, sanitary environment. This initial effort at task analysis provided the beginning point for the project in formulating competencies which might be required of human services technicians.

Teachers, therapy aides, technicians, supervisors, and staff development personnel and administrators from the Idaho State School and Hospital were asked to review the listed competencies and add or delete items in accordance with their perceptions and experience with job expectations.

The data collected through this procedure supplied the foundation for developing a sixty item "Competency Survey Form" to rate the appropriateness of the competencies. Following a brief pilot testing of the survey instrument, it was mailed to special educators throughout the State of Idaho. Included were teachers, aides and administrators from Idaho State School and Hospital, seven regional Adult and Child Development Centers, and public schools in the Boise area.

The results were tallied and analyzed through the use of basic descriptive statistics. All items having a mean score below 3.5 on a 5 point Likert Scale were deleted. The analysis of this data was helpful in weighing item importance as well as establishing preliminary curriculum priorities. Comments and suggestions on the questionnaire were also analyzed and were useful in item editing and revision. This procedure resulted in a revised list of thirty-five competency statements.

## Competency Review and Curriculum Development Panels

The next stage involved the use of two panels and included the beginning of curriculum formulation. The first panel, identified as the Idaho Competency Validation Panel, was comprised of six supervisors and thirteen paraprofessionals who were employees of the

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Idaho Department of Health and Welfare agencies located around the State, (members of the panel are listed in Appendix B). The panel members reviewed and revised competencies, and delineated performance levels. In addition, the panel began the process of translating competency items into behavioral objectives. The members also identified performance (evaluative) criteria and clustered those competency items with congruity.

The module structure or units of instruction which emerged from this process was as follows:

Module 1. Client Care

Module 2. Human Growth and Development

Module 3. Orientation to Disability and Handicapping Conditions

Module 4. Interactive Processes

Module 5. Leisure Programming

Module 6. Behavior Analysis

At this stage, most of the input had been from the State of Idaho. Since the project objectives called for the development of curriculum materials which would have regional value, it was decided that a national panel of experts should have substantial input. A panel was selected from a list of national leaders in rehabilitation of the disabled and handicapped (see Appendix B). Prior to attending the meeting of the panel in the summer of 1977, each panel member did an extensive critique of all curriculum materials. At the meeting, members were organized into small groups of two or three so as to maximize the crossfertilization of ideas. Once again, the competency statements were reviewed, revised and clustered. Goals were established and integrated into rationale statements for each module. Behavioral objectives were revised and written to conform to levels appropriate for the human service technician. Last but not least, a list of alternative activities were suggested for each objective.

## Curriculum Field Testing

From 1978 to 1980 the modules were field tested at the Idaho State School and Hospital. The modules were implemented as part of an ongoing inservice training program conducted by the institution for all professional and paraprofessional personnel. The students were comprised of therapy technicians from the State School and Hospital and the regional adult/child development centers, teacher aides from the public schools and personnel from group homes.

The instructors were selected from faculty at Boise State University and from supervisory personnel with training experience at Idaho State School and Hospital. Project staff provided continuing assistance and consultation on curriculum resources and evaluation procedures.

Evaluation data gathered included pre/post tests, student evaluation of each objective and related learning activities, student evaluation of films and readings used, student evaluation of job carryover, supervisors evaluation of job carryover, and the instructors evaluation of each of the module components as well as an overall evaluation of the module. In addition the modules were also reviewed by an outside curriculum specialist. Data from all these sources was compiled and used in revising the modules. The modules were revised in their current form in spring of 1980.

# Use Of The Modules

The modules have been designed to be used by trainers in a variety of situations. Each inservice module is equivalent to a 3-semester hour college course. The objectives of each modules provide the content to develop competent human service technicians. Various situations and circumstances may call for some revision and addition to the objectives which is encouraged. Caution is urged, however, in deleting any of the objectives. Because of the sound validation process used in developing the objectives, trainers should consider carefully before deciding to delete any of the objectives. However, in some cases it may be appropriate; the trainers judgement of the situation is paramount.

It is also possible for a trainer to use only one or two objectives from a particular module. While such an approach may provide some basic skills in a shorter time span, it is a stop gap measure. As human service technicians progress in providing services to severely handicapped persons, a broader base of knowledge and skills are needed to increase their independence.

Within each module, each objective has suggested learning activities. As the title indicates, these are suggestions only. Trainers are free to substitute materials which reflect their own teaching styles. The suggested learning activities provide material for the trainers to read or view and activities in which the trainees may participate. Trainers will need to locate materials ahead of time. If trainers are unable to obtain the suggested materials, they will want to identify material available locally that may be substituted.

Performance Criteria are also included for each objective in each of the modules. The Performance Criteria reflect the objectives and subobjectives and provide a means of measuring the trainees performance. At the back of each module are sample tests based upon the performance criteria for each objective. Not all performance criteria items can be demonstrated on paper and pencil tests. It is important that the trainer carefully monitor those items not represented on the sample tests.

Many of the objectives in each module also include materials for Supplementary Reading. This is additional material that the instructor can review for further background, preparing lectures, etc. It may also be used by trainees who wish to study a particular objective in more depth.

The modules have been designed to be a tool to assist trainers in providing inservice training to human service technicians. The use of the modules is enhanced through the adaptation of the objectives and suggested learning activities to meet local needs.

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Trainers are encouraged to carefully evaluate training based upon the modules. Pretests will assist trainers in assessing the background knowledge of each trainee and determining objectives that will need greater emphasis. Post tests will indicate those skills the trainee possesses and disclose any areas not adequately or clearly covered. An attitude survey given before and after training is helpful in assessing the degree to which the training has changed the attitudes of trainees. The degree of carryover to the job situation is another area of concern which trainers may want to evaluate. This may be evaluated by observing the trainee on the job or by interviewing the trainees supervisor. Careful review and analysis of evaluation information will assist trainers in adopting the modules to fit the individual needs of their own situation.

The need to train human service technicians has been recognized. Trainers are beginning to train and must continue to improve training to a newly recognized segment of service providers. These modules can be of assistance to trainers by providing a set of validated competencies which can be taught in a flexible manner; allowing for the many varied circumstance involved in personnel training.

# Human Growth and Development

# Module I

# Human Growth and Development

Human growth and development occurs in predictable patterns. The sequence is the same for all individuals. The maturation sequence is specific enough that it can be observed and identified. Severely handicapped persons development follows the normal maturation process, but often at a much slower pace. Sometimes the development of a severely handicapped person is very uneven. Some severely handicapped persons develop physically at a normal rate, but may be delayed mentally. However it is important to know that human growth does develop in predictable patterns. By assessing the present development of a severely handicapped person, one can determine their functioning level and identify those skills that should follow. By understanding the total sequence of human development, one can plan goals for the severely handicapped more appropriately.

This module provides an introduction to human growth and development. It reviews physical, mental, and social developmental patterns during the prenatal and birth period, infancy, preschool, childhood, adolescence, adulthood and older adulthood. It also reviews how this development relates specifically to severely handicapped persons.

# Objective 1

**1.0 Describes development during prenatal period.**

1:1 Describes the development of the human fetus

- 1:1:1 Describes fetal development during the first trimester
- 1:1:2 Describes fetal development during the second trimester
- 1:1:3 Describes fetal development during the third trimester

1:2 Describes factors affecting the development of the fetus

- 1:2:1 Discusses affects of poor nutrition
- 1:2:2 Discusses affects of infections
- 1:2:3 Discusses affects of alcohol and drugs

1:3 Describes potential risks occuring during the birth process

- 1:3:1 Describes the risk of lack of oxygen
- 1:3:2 Describes the risk of incompatible RH factor
- 1:3:3 Describes the risk of physical damage
- 1:3:4 Describes the risk of infection in the birth canal

## Suggested Learning Activities

**Read:**

Ambron, S. R., Child Development p. 10-44, 53-58

Mussen, Conger, Kogan, Child Development and Personality p. 64-93

**View:**

Beginning of Life (30 min.) Benchmark Distributor*

* Available through Educational Media Service, Boise State University.

**Participate:**

- The student will review the APGAR used in rating newborns.
- The student will contact state agencies to identify current laws, regulations, and programs in effect to eliminate or decrease risks during the prenatal or birth period.

## Performance Criteria

A. The student will describe fetal development in each of the three trimesters.

B. The student will describe the affect of poor nutrition on the developing fetus.

C. The student will describe the affect of infections on the developing fetus.

D. The student will describe the affect of alcohol and drugs on the development of the fetus.

E. The student will describe four risks occurring during the birth process and the possible consequences.

# Objective 2

**2.0 Describes development milestones during infancy.**

2:1 Describes the development of motor skills and perception

- 2:1:1 Describes reflexes of neonate
- 2:1:2 Describes development of vision, hearing, smell, taste, and tactile senses
- 2:1:3 Describes motor development

2:2 Describes the development of cognitive and language skills

- 2:2:1 Describes development of nonverbal means of communication
- 2:2:2 Describes development of receptive languages
- 2:2:3 Describes development of expressive language

2:3 Describes the development of socialization skills

## Suggested Learning Activities

### Read:

Ambron, S. R., Child Development p. 63-67, 95-129, 139-154, 160-179, 186-209

Smart and Smart, Children: Development and Relationships p. 62-75, 113-137, 144-176

### View:

"The First 18 Months: From Infant to Toddler" Parents Magazine Films, Inc. 52 Vanderbilt Avenue, New York, New York 10017

"I See Hope" Parents Magazine Films, Inc. 52 Vanderbilt Avenue, New York, New York 10017

"Physical Growth, Birth Newborns: Motor Development"*

"Language Development"*

"Emotional and Social Development, Part I and II"*

* Available through Educational Media Center, Boise State University

**Participate:**

- The student will review the Denver Developmental Screening Test.
- The student will observe at least two infants of different ages and record the skills each possess in language, perceptual and motor development, and socialization skills.

## Performance Criteria

A. The student will list and describe at least six of the reflexes of a neonate.

B. The student will describe the development of the vision, hearing, smell, taste and tactile senses in an infant.

C. The student will describe the development of nonverbal means of communication during infancy.

D. The student will describe the development of receptive language during infancy.

E. The student will describe the development of expressive language during infancy.

F. The student will describe the development of socialization skills during infancy.

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# Objective 3

**3.0 Describes development of preschooler.**

- 3:1 Describes the development of motor skills and perception in preschooler
    - 3:1:1 Describes the order of occurrence of key perceptual-motor skills
    - 3:1:2 Describes the order of occurrence of key locomotion skills
- 3:2 Describes the development of language and congnitive skills in the preschooler
    - 3:2:1 Describes preoperational thought
    - 3:2:2 Describes concepts children master during preschool years
    - 3:2:3 Describes development of word meaning and grammar in the language of the preschooler
- 3:3 Describes the development of socialization skills
    - 3:3:1 Describes development of gender identification in preschool children
    - 3:3:2 Describes development of aggression in preschool children
    - 3:3:3 Describes development of play and fantasy in preschool children
    - 3:3:4 Describes development of peer relationship in preschool children

## Suggested Learning Activities

### Read:

Ambron, S. R. Child Development, p. 230-244, 250-275, 280-308

Smart and Smart Children: Development and Relationships p.223-264, 1269-1296

Hatten and Hatten Natural Language

## View:

"Physical Growth and Motor Development, Part I and II, 2 1/2-6 years"*

"Language Development: 2 1/2-6 years"*

"Intelligence, IQ and Environment"*

"Sex Differences and Socialization"*

"Role of Play in Development"*

* Available through B.S.U. School of Nursing Audio-Tutorial Lab.

## Participate:

- Student will review Portage Project materials to obtain an overall view of skill development, birth through six years.
- Student will contact first grade teacher to find out what concepts teacher expects children to have mastered by the time they enter first grade.

## Performance Criteria

A. The student will describe the order of occurrence of key perceptual motor skills in the preschooler.

B. The student will describe the order of occurrence of key locomotion skills in the preschooler.

C. The student will describe preoperational thought.

D. The student will list at least six concepts to be mastered by children during the preschool years.

E. The student will describe how word meaning and grammar develop in the preschool years.

F. The student will describe the development of gender identification in preschool children.

G. The student will describe the development of aggression in preschool children.

H. The student will describe the development of play and fantasy in preschool children.

I. The student will describe the development of peer relationships in preschool children.

# Objective 4

**4.0 Describes development during childhood adolescence.**

- 4:1 Describes development during childhood
  - 4:1:1 Describes physical development during childhood
  - 4:1:2 Describes development of cognitive skills during childhood
  - 4:1:3 Describes social development during childhood
- 4:2 Describes development during adolescence
  - 4:2:1 Describes physical development of the adolescent
  - 4:2:2 Describes cognitive development of the adolescent
  - 4:2:3 Describes the social development of the adolescent

# Suggested Learning Activities

## Read:

Ambron, S. R., Child Development, p. 314-329, 244-352, 362-372, 390-407, 416-425, 431-447, 454-483.

Smart and Smart Children: Development and Relationships p. 345-374, 378-402, 407-438, 450-480, 514-520, 525-545, 549-584.

## View:

What is Adolescence: Concept Media, 2493 DuBridge Avenue, Irvine, CA 92714

Physical Development, Parts I and II. Concept Media, 2493 DuBridge Avenue, Irvine, CA 92714

Cognitive Development, Parts I and II. Concept Media, 2493 DuBridge Avenue, Irvine, CA 92714

The Role of Parents. Concept Media, 2493 DuBridge Avenue, Irvine, CA 92714

The Role of Peers. Concept Media, 2493 DuBridge Avenue, Irvine, CA 92714

**Participate:**

- The student will interview three adolescents asking each to identify their three major concerns at this point in life and what they expect the future to hold. The student will identify concerns common to this age group and those that are based upon individual experiences.

## Performance Criteria

A. The student will describe physical development during childhood.

B. The student will describe the development of cognitive skills during childhood.

C. The student will describe social development during childhood.

D. The student will describe physical development of the adolescent.

E. The student will describe cognitive development of the adolescent.

F. The student will describe the social development of the adolescent.

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# Objective 5

**5.0 Describes development during adulthood and later adulthood.**

- 5:1 Describes development during adulthood
    - 5:1:1 Describes the physical changes that occur during the adult years
    - 5:1:2 Describes the social characteristics of the adult years
    - 5:1:3 Describes the mental characteristics of the adult years
- 5:2 Describes development during late adulthood
    - 5:2:1 Describes physical characteristics occurring in late adulthood
    - 5:2:2 Describes mental changes occurring late adulthood
    - 5:2:3 Describe the social characteristics of late adulthood

## Suggested Learning Activities

### Read:

Human Development: The Span of Life Kaluger and Kaluger, p. 396-420, 423-451, 455-487

### View:

Physical Changes and Their Implications* Concept Media, 2493 DuBridge Avenue, Irvine, CA 92714

*Available through Nursing Department Audio-Tutorial Lab., Boise State University

### Participate:

- The student will identify community resources who's aim is to aid the elderly.

# Performance Criteria

A. The student will describe the physical changes that occur during the adult years.

B. The student will describe the social characteristics of the adult years.

C. The student will describe the mental characteristics of the adult years.

D. The student will describe physical characteristics occurring in late adulthood.

E. The student will describe mental changes occurring during late adulthood.

F. The student will describe the social characteristics of late adulthood.

# Objective 6

**6.0 Defines characteristics of cognitive and adaptive behavior in the severely/profoundly handicapped population.**

6:1 Distinguishes between chronological age and mental age

6:2 Identifies characteristic adaptive behaviors

  6:2:1 Describes characteristic behavior of infancy
  6:2:2 Describes characteristic behavior of adolescence
  6:2:3 Describes characteristic behavior of adulthood

6:3 Lists appropriate curricular activities which correspond to cognitive and adaptive behavior levels

## Suggested Learning Activities

### Read:

Payne and Mercer, "Adaptive Behavior and Behavioral Characteristics". Kaufman, J. and Payne, J. Mental Retardation.

Ziegler, E. "Cognitive Developmental and Personality Factors in Behavior". Kauffman, J. and Payne, J. Mental Retardation.

Bender, M. "Behavior Skills." Bender, M. and Valletutti, J. Teaching the Moderately and Severely Handicapped.

Bender, M. "Interpersonal Skills." Bender, M. and Valletutti, J. Teaching the Moderately and Severely Handicapped.

Bender, M. "Sex Education." Bender, M. and Valletutti, J. Teaching the Moderately and Severely Handicapped.

### View:

"The Handicapped Child: Infancy Through Preschool" Concept Media, 2493 DuBridge Avenue, Irvine, CA 92714

"Intervention: Sensory Motor Development" Concept Media, 2493 DuBridge Avenue, Irvine, CA 92714

"Normalization" Rehabilitation Research Training Center in Mentally Retarded, University of Oregon, Eugene, OR 97403

**Participate:**

- Student will work with a client and chart his/her adaptive skills by using AAMD Adaptive Behavior Scale.
- The Student will interview a social worker in developmental disabilities and discuss the community attitudes towards the handicapped.

## Performance Criteria

A. The student will describe the difference between chronological age and mental age.

B. The student will list the adaptive skills of an individual which occur in infancy.

C. The student will list the adaptive skills of an individual which occur in adolescence.

D. The student will list the adaptive skills of an individual which occur in adulthood.

E. The student will list curricular activities appropriate for severely/profoundly handicapped persons during infancy.

F. The student will list curricular activities appropriate for severely/profoundly handicapped persons during adolescence.

G. The student will list curricular activities appropriate for the severely/profoundly handicapped person during adulthood.

## Sample Test:

Name:________________________

### HUMAN GROWTH AND DEVELOPMENT

Objective 1: Development of the human fetus

1. Describe fetal development in each of the three trimesters.
2. Describe the affect of poor nutrition on the developing fetus.
3. Describe the affect of infections on the developing fetus.
4. Describe the affect of alcohol and drugs on the development of the fetus.
5. Describe four risks occurring during the birth process and the possible consequences.

# Sample Test:

Name: ______________________

HUMAN GROWTH AND DEVELOPMENT

Objective 2: Development milestones during infancy

1. List and describe at least six of the reflexes of a neonate.

2. Describe the development of the vision, hearing, smell, taste, and tactile senses in an infant.

3. Describe the development of nonverbal means of communication during infancy.

4. Describe the development of receptive language during infancy.

5. Describe the development of expressive language during infancy.

6. Describe the development of socialization skills during infancy.

7. Describe the development of aggression in preschool children.

8. Describe the development of play and fantasy in preschool children.

9. Describe the development of peer relationships in preschool children.

# Sample Test:

Name:____________________________

HUMAN GROWTH AND DEVELOPMENT

Objective 3: Development of preschooler

1. Describe the order of occurrence of key perceptual motor skills in the preschooler.

2. Describe the order of occurrence of key locomotion skills in the preschooler.

3. Describe preoperational thought.

4. List at least six concepts to be mastered by children during the preschool years.

5. Describe how word meaning and grammar develop in the preschool year.

## Sample Test:

Name:________________________

HUMAN GROWTH AND DEVELOPMENT

Objective 4: Development during childhood and adolescence

1. Describe physical development during childhood.

2. Describe the development of cognitive skills during childhood.

3. Describe social development during childhood.

4. Describe physical development of the adolescent.

5. Describe cognitive development of the adolescent.

6. Describe the social development of the adolescent.

## Sample Test:

Name: ____________________

HUMAN GROWTH AND DEVELOPMENT

Objective 5: Development during adulthood and later adulthood

1. Describe the physical changes that occur during the adult years.

2. Describe the social characteristics of the adult years.

3. Describe the mental characteristics of the adult years.

4. Describe physical characteristics occurring in late adulthood.

5. Describe mental changes occurring during late adulthood.

6. Describe the social characteristics of late adulthood.

## Sample Test:

Name:________________________

HUMAN GROWTH AND DEVELOPMENT

Objective 6: Characteristics of cognitive and adaptive behavior in the severely/profoundly handicapped population

1. Describe the difference between chronological age and mental age.

2. List the adaptive skills of an individual which occur in infancy.

3. List the adaptive skills of an individual which occur in adolescence.

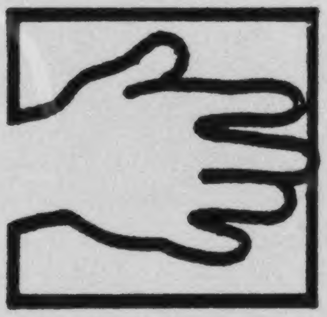
4. List the adaptive skills of an individual which occur in adulthood.

5. List curricular activities appropriate for severely/profoundly handicapped persons during infancy.

6. List curricular activities appropriate for severely/profoundly handicapped persons during adolescence.

7. List curricular activities appropriate for the severely/profoundly handicapped person during adulthood.

# Orientation to Disability and Handicapping Conditions



# Module II

## Orientation to Disability and Handicapping Conditions

Either from a lack of educational or experiential opportunities, many people have a limited understanding of common disabilities. Often as a result of their limited understanding, many persons approach disabled individuals with poorly formulated expectations and certain prejudices. Left unattended, these expectations and prejudices will be detrimental to the delivery of appropriate services to individuals with disabilities. This module seeks to provide information to persons working directly with disabled persons to increase their understanding of the disabled. The module focuses on those disabilities most frequently encountered in programs for the severely, profoundly and multi-handicapped. It takes into consideration mental retardation, cerebal palsy, epilepsy, physically impaired, visually impaired and those with severe communication disorders. The instructors may wish to add, delete, or modify various sections of this module in accordance with individual student needs or with conditions which may differ in various institutions, agencies, or program locations.

Prior to beginning work on this module, it is important that a distinction be made between the terms "disability" and "handicapped". For the purpose of the training program, disability may be defined as "a condition of impairment having an objective aspect that can usually be described by a physician (or other medically trained professionals), (Wright, 1960). A handicap is "a cumulative result of the obstacles which disability interposes between the individual and his maximum functional level," (Wright, 1960). From these definitions it is easy to see that a person can be disabled without being handicapped. It is clearly the goal or rehabilitation workers to strive to eliminate those environmental and attitudinal barriers which create handicapping conditions from a disability. To help in the accomplishment of this goal, it is important that the human service technician not only understand the medical aspects of a disability, but must also be aware of a variety of physical, social, legal, political and economic factors which affect the lives of the disabled.

# Objective 1

**1.0 Comprehends etiology, symptomology, and potential of mental regardation.**

- 1:1 Comprehends major current definitions of mental retardation
  - 1:1:1 Describes current AAMD definition of mental retardation
    - 1.1.1.1 Describes significance of I.Q.
    - 1.1.1.2 Describes significance of adaptive behavior
    - 1.1.1.3 Describes significance of intellectual functioning
  - 1:1:2 Describes current state guidelines for mental retardation classification
- 1:2 Comprehends elements of classification of mental retardation
  - 1:2:1 Describes characteristics of the mildly mentally retarded
  - 1:2:2 Describes characteristics of the moderately mentally retarded
  - 1:2:3 Describes characteristics of the severely mentally retarded
  - 1:2:4 Describes characteristics of the profoundly retarded
- 1:3 Recognizes major causes of mental retardation
  - 1:3:1 Identifies major prenatal causes
  - 1:3:2 Identifies major perinatal causes
  - 1:3:3 Identifies major postnatal causes
  - 1:3:4 Identifies major socio/culture causes
  - 1:3:5 Identifies major genetic causes
- 1:4 Describes history of treatment of mental retardation
- 1:5 Comprehends concept of labeling
  - 1:5:1 Describes advantages of labeling
  - 1:5:2 Describes disadvantages of labeling
- 1:6 Identifies services needed by persons with mental retardation

## Suggested Learning Activities

**Read:**

Meyen, Edward L., Exceptional Children and Youth, pp. 163-190, 73-74.

Bryan, J. and Bryan, T., Exceptional Children, pp. 145-176, 9-15

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## View:

Mental Retardation: Causes and Prevention, Moore, B. C., Miller, N. A. and Slenenberger, T., Charles E. Merrill Publishing Company, A Bell and Howell Co., Columbus, Ohio, 43216, 8534-9 Media Pak (30 min.)

Who Should Survive. Joseph P. Kennedy Foundation, 999 Asylum Avenue, Hartford, Connecticut 06105 (30 min.)

## Participate:

- Use the AAMD adaptive behavior scale to assess a mentally retarded person.
- List some of the causes of mental retardation and identify current preventive measures for each.
- Interview the parents of an adult or teenage mentally retarded person to find what services were available to them initially and then more recently.

# Performance Criteria

A. The student will identify three known causes of mental retardation.

B. The student will identify three factors generally considered when defining mental retardation.

C. The student will demonstrate an understanding of the AAMD classification system by providing one example of the characteristics (functioning levels) of individuals at each of the identified levels.

D. The student will identify two potential drawbacks of using I.Q. as a sole diagnostic criterion.

E. The student will list historical antecedents to current theories on training the retarded.

F. The student will cite a minimum of two advantages and two disadvantages of labeling.

G. The student will list at least two services needed by persons with mental retardation.

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# Supplementary Reading

Braginsky, D. and Braginsky, B. Hansels and Gretels: Studies of Children in Institutions for the Mentally Retarded

Brown, D. L. Developmental Handicaps in Babies and Young Children: A Guide for Parents.

Edgerton, R. The Cloak of Competence.

Ellis, N. International Review of Research in Mental Retardation.

Gearheart, B. and Litton, F. The Trainable Retarded: A Foundation Approach.

Goffman, E. Stigna: Notes on the Management of Spoiled Identity.

Gold, M. W. "Research and the Vocational Habilitation of the Retarded: the Present, the Future." in N.R. Ellis (ed.) International Review of Research in Mental Retardation (Vol. 6, pp 97-147).

Greer, J. G. and Anderson, R. M. "Developing Functional Language in the Severely Retarded Using a Standardized Vocabulary." in Greer, J. G. and Anderson, R. M. Educating the Severely and Profoundly Retarded.

Hunt, N. The World of Nigel Hunt.

President's Commission on Mental Retardation. Mental Retardation, The Known and Unknown.

Rocher, A. Orientation Manual on Mental Retardation: Part I.

Robinson, H. B. and Robinson, N. The Mentally Retarded Child: A Psychological Approach.

Rothstein, J. Mental Retardation.

Seagoe, M. Yesterday Was Tuesday All Day and All Night.

Smith, R. An Introduction to Mental Retardation.

Smith, R. and Neisworth, J. The Exceptional Child: A Functional Approach.

Wabash Center for the Mentally Retarded, Inc. Guide to Early Developmental Training.

Winter, F. Help For The Handicapped Child.

# Objective 2

**2.0 Understands cerebral palsy.**

2:1 Defines cerebral palsy

2:2 Describes five common types of cerebral palsy (neuromuscular classifications)

2:2:1 Identifies spastic palsy
2:2:2 Identifies rigidity palsy
2:2:3 Identifies athetoid palsy
2:2:4 Identifies tremor palsy
2:2:5 Identifies ataxic palsy

2:3 Describes four topographical classifications of cerebral palsy on the basis of limb involvement

2:3:1 Defines paraplegia
2:3:2 Defines hemiplegia
2:3:3 Defines quadraplegia
2:3:4 Defines tremor palsy

2:4 Recognizes causes of cerebral palsy

2:4:1 Identifies major perinatal causes
2:4:2 Identifies major prenatal causes
2:4:3 Identifies major postnatal causes
2:4:4 Identifies major genetic causes
2:4:5 Identifies major socio/culture causes

2:5 Identifies potential problems which often occur in conjunction with cerebral palsy

2:5:1 Relates association of mental retardation
2:5:2 Relates association of hearing loss
2:5:3 Relates association of visual problems
2:5:4 Relates association of seizures
2:5:5 Relates association of language problems
2:5:6 Relates association of tactile and kinesthetic function
2:5:7 Relates association to environmental barriers

2:6 Identifies services needed for individuals with cerebral palsy

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# Suggested Learning Activities

**Read:**

United Cerebral Palsy Association, Inc., What Everyone Should Know About Cerebral Palsy, 68 E. 34th Street, N. Y, N.Y. 10016

Finnie, Nancie R., Handling the Young Cerebral Palsied Child at Home, p 4-8

Bryan, J. and Bryan, T., Exceptional Children, pp 286-238, 295

Meyen, Edward L., Exceptional Children and Youth, pp 362-363

**View:**

Like Other People, United Cerebral Palsy, 100 N. Latah, Boise, ID 83704 (37 min.)

What is Cerebral Palsy? and Care of the Cerebral Palsied Child, CDMRC Media Services, University of Washington, Seattle, WA 98195

Rising Expectations, United Cerebral Palsy, 100 N. Latah, Boise, ID 83704

**Participate:**

- Attend a discussion led by a cerebral palsied individual
- Interview a cerebral palsied individual to find out what problems they face as a result of this condition
- Compile a list of those agencies in your community providing services appropriate for cerebral palsy.

# Performance Criteria

A. The student will define cerebral palsy.

B. The student will identify and describe the characteristics of the five common types of cerebral palsy.

C. The student will identify five disabilities which are often associated with cerebral palsy.

D. The student will identify four disciplines which might be utilized in treating a cerebral palsied individual.

E. The student will describe four topographical classifications of cerebral palsy on the basis of limb involvement.

# Supplementary Reading

Bobath, K. and Bobath, B. "Cerebral Palsy." In Pearson, P. and Williams, C. (eds) Physical Therapy Services in Developmental Disabilities.

Cruickshank, W. M. (ed.) Cerebral Palsy: A Developmental Disability.

Finnie, N. Handling the Young Cerebral Palsy Child at Home.

McDonald, E. T. and Change, B. Cerebral Palsy.

United Cerebral Palsy Association, Inc. Tomorrow is Today: Planning Ahead for Long Term Care, Legally and Financially.

# Objective 3

**3.0 Understands epilepsy.**

3:1 Defines epilepsy

3:2 Identifies four types of seizures and some given characteristics of each

- 3:2:1 Describes characteristics of grand mal (generalized tonic/clonic) seizure
- 3:2:2 Describes characteristics of petit mal (absence) seizure
- 3:2:3 Describes charateristics of psychomotor (partial complex) seizure
- 3:2:4 Describes characteristics of focal (partial seizure) seizure

3:3 Describes the chracteristics of seizures

- 3:3:1 Identifies the "aura" phase
- 3:3:2 Identifies the post-ictal phase

3:4 Recognizes possible causes of epilepsy

- 3:4:1 Describes the percentage of cases where the cause is known
- 3:4:2 Identifies major prenatal causes
- 3:4:3 Identifies major perinatal causes
- 3:4:4 Identifies major postnatal causes
- 3:4:5 Identifies major socio/culture causes
- 3:4:6 Identifies major genetic causes

3:5 Identifies appropriate steps of treatment for a person experiencing a seizure

3:6 Knows the effect and side effects of major anti-convulsant drugs

3:7 Understands "epileptic status" and describes what should be done if it occurs

- 3:7:1 Defines "epileptic status"
- 3:7:2 Describes proper treatment

3:8 Identifies attitudinal and discrimination barriers adversely affecting a person with epilepsy

3:9 Identifies services available for individuals with epilepsy

# Suggested Learning Activities

## Read:

Idaho Epilepsy League What You Should Know About Epilepsy; What Everyone Should Know About Epilepsy.

## View:

Images of Epilepsy, Idaho Epilepsy League, 3700 Kipling, Boise, ID 83706

## Participate:

- Interview an individual with epilepsy to learn first hand which problems exist and how they have been solved or resolved.
- In pairs, role play a seizure and demonstrate appropriate steps of treatment.

# Performance Criteria

A. The student will identify four types of seizures and give characteristics of each.

B. The student will describe how to recognize an aura.

C. The student will describe the procedure to follow during postictal phases of a seizure.

D. The student will identify three possible causes of epilepsy.

E. The student will demonstrate correct injury prevention to follow with a child and with an adult who are experiencing seizures.

F. The student will describe one positive and one negative effect of three major anticonvulsant drugs.

G. The student will discuss "epileptic status" and procedures to follow if it occurs.

H. The student will discuss the stigma associated with epilepsy and list positive steps to be taken to overcome barriers.

I. The student will identify two services available for persons with epilepsy.

# Supplementary Reading

Arangio, A. J. *Behind the Stigma of Epilepsy*.

Epilepsy Foundation of America. *Modern Dimensions of Epilepsy*.

Robinson, H. B. and Robinson, N. M. *The Mentally Retarded Child*, pp. 118-123

# Objective 4

**4.0 Understands visual impairments.**

4:1 Comprehends categories and accompanying characteristics

4:1:1 Defines blind and describes characteristics of this category
4:1:2 Defines vision impaired and describes characteristics of this category

4:2 Comprehends the cause of visual impairments

4:2:1 Describes major genetic causes
4:2:2 Describes major prenatal causes
4:2:3 Describes major perinatal causes
4:2:4 Describes major postnatal causes
4:2:5 Describes major socio/culture causes

4:3 Recognizes social and architectural barriers encountered by persons with visual impairment

4:4 Describes specialized materials and equipment used with visually impaired

# Suggested Learning Activities

## Read:

Kirk and Gallager, Educating Exceptional Children, Houghton Miffin, 1979, pp. 237-275

Bryan and Bryan, Exceptional Children, pp. 276-285

## View:

What Color is the Wind? Available through Idaho State Library, 325 West State, Boise, ID 83702

## Participate:

- Interview a person with a visual impairment and share the information with the class.
- Invite a visually impaired person to visit the class.
- Demonstrate specialized equipment used by the vision impaired.
- List architecture barriers that make mobility difficult for the blind. Examine the building you are in to see how accessible it is to the visually impaired.

# Performance Criteria

A. The student will list the two major classifications of vision impairment and describe characteristics of each.

B. The student will list five specific causes of visual impairment.

C. The student will list three social and architectural barriers encountered by persons with vision impairment.

D. The student will list and describe three specialized materials and/or equipment to be used with the visually impaired.

# Supplementary Reading

Cooper, L., "The Child with Rubella Syndrome," The New Outlook For the Blind '63 (December) pp. 290-293

Gattesman, M., "A Comparative Study of Priget's Developmental Schema of Sighted Children With That of a Group of Blind Children". Child Development, June 1971, pp. 573-580

Gesell, Ilg and Ballis, Vision: It's Development in Infant and Child

Pintner, Eisenson, and Statton, The Psychology of the Physically Handicapped

# Objective 5

**5.0 Understands effects of limitations of mobility and/or communication.**

5:1 Describes types of orthopedic disabilities on basis of limb involvement and range of motion limitations

5:2 Knows impact of mobility limitations on daily living activities

- 5:2:1 Identifies special problems in dressing
- 5:2:2 Identifies special items of clothing
- 5:2:3 States extent of mobility around living areas
- 5:2:4 Identifies special problems in eating, drinking, toileting

5:3 Identifies environmental barriers to mobility of orthopedically disabled

5:4 Describes care and use of most commonly used orthotic/prosthetic appliances

5:5 Describes psychological/emotional problems resulting from physical handicaps

- 5:5:1 Identifies causes
- 5:5:2 Outlines Prevention

# Suggested Learning Activities

## Read:

Bryan, J. and Bryan, T. Exceptional Children pp. 285-294

Meyen, Edward L. Exceptional Children and Youth pp. 360-381

Finnie, Nancie Handling the Young Cerebral Palsied Child at Home

Robinault, I. (ed) Functional Aides for the Multiply Handicapped

## View:

Adaptive and Therapeutic Equipment - Boise State University Teacher Education Preservice Inservice Severely Handicapped Grant

**Participate:**

- Demonstrate use and care of common prosthetic orthotic appliance
- Demonstrate special eating, dressing and toileting techniques
- Students select a physical or communication handicapping condition and identify barriers they would encounter in their own situation (a) at home (b) at work and (c) in areas you use for recreation and leisure
- Simulate a disability or health impairment for a specified amount of time

## Performance Criteria

A. The student will define five major classifications of orthopedic disabilities based on limb involvement and range of motion limitations using the WAS classification system.

B. The student will identify three common environmental barriers to mobility for the physically handicapped and list five alternative solutions to each.

C. The student will describe the use and care of common prosthetic orthotic devices.

D. The student will identify a minimum of three psychological/emotional problems which could present problems for a physically handicapped person.

## Supplementary Reading

Bigge, J. and O'Donnell P. Teaching Individuals with Physical and Multiple Disabilities

Bleck, E. and Nagel, D. (eds.) Physically Handicapped Children: A Medical Atlas for Teachers

Richardson, S. A. "The Effect of Physical Disability on the Socialization of a Child". In D.A. Goslin (ed.), Handbook and Socialization Theory and Research pp 1047-1064

Richardson, S. A., Hostarf, A. H., and Dornbusch, S. M., "The Effects of a Physical Disability on a Child's Description of Himself". Child Development 1964, 35, pp 93-97

# Objective 6

**6.0 Understands disabilities related to mental retardation.**

6:1 Understands the communication process

6:2 Understands disabilities which result in limited communication

  6:2:1 Identifies effect of hearing impairment upon communication
  6:2:2 Identifies effect of physical impairment upon communication
  6:2:3 Identifies effects of language delay or disorder upon communication

6:3 Recognizes alternative methods of communication

6:4 Describes equipment used to aid communication

6:5 Recognizes the consequences of limited communication

## Suggested Learning Activities

### Read:

Kirk and Gallagher, Educating Exceptional Children, Houghton-Mifflon, 1979, pp. 367-378, 205-213

Meyen, Edward, Exceptional Children and Youth Love, 1978, pp. 450-455

### Participate:

- Make a request of another person without using speech.
- Learn to sign "Hi, my name is ________________".
- List those words you think would be of most benefit if you were limited to a twelve word vocabulary.

# Performance Criteria

A. The student will define the communication process.

B. The student will identify three types of disabilities which may result in limited communication skills and describe how the disabilities affect the communication process.

C. The student will list three alternate methods of communication.

D. The student will list and describe two specialized pieces of equipment used to aid communication.

E. The student will describe how limited communication skills affect social and intellectual development.

# Supplementary Reading

Bloom, L. and Lahey, M. *Language Development and Language Disorders*

Brasel, K. and Quigley, S. *The Influence of Early Language and Communication Environments in the Development of Language in Deaf Children*.

Brown, R., *A First Language -- The Early Stages*.

Gray, B. and Ryan, B. *A Language Program for the Non-Language Child*.

Groht, M. *Natural Language for Deaf Children*.

Lillywhite, H.S. and Bradley, D. *Communication Problems in Mental Retardation*.

Meadow, K. P. "Early Communication in Relation to the Deaf Child's Intellectual, Social and Communicative Functioning," *American Annals of the Deaf*, 113 (January) pp. 29-41

# Objective 7

**7.0 Comprehends civil rights of the severely handicapped.**

7:1 Defines the concept of "right to treatment"

- 7:1:1 Describes the constitutional provision for due process
- 7:1:2 Describes the constitutional provision for equal protection of the laws
- 7:1:3 Describes the constitutional provision for prohibition of cruel and unusual punishment

7:2 Understands the implications of the concept of "right to education" for the mentally retarded and ill

- 7:2:1 Describes the significance of Pennsylvania Association for Retarded Citizens case
- 7:2:2 Describes the significance of Wyatt vs. Stickney case
- 7:2:3 Describes the significance of Mills vs. Board of Education, D.C. case

7:3 Describes the application of the "least restrictive Alternative" principle to the education of the handicapped

7:4 Understands current law of administrative regulations regarding rights of the mentally handicapped

- 7:4:1 Describes the intent of P.L. 94-142 (Education for All Handicapped Children Act)
- 7:4:2 Describes the intent of P.L. 94-103 (Developmental Disabilities Assistance and Bill of Rights Act)
- 7:4:3 Describes the intent of P.L. 94-230 (Rehabilitation Act Extension of 1976)
- 7:4:4 Describes the intent of Sec. 504 of the 1973 Vocational Rehabilitation Act

7:5 Identifies alternative methods of advocating for the civil rights of handicapped individuals

# Suggested Learning Activities

## Read:

Bryan, J. and Bryan, T. Exceptional Children, pp. 9-22

Meyen, Edward L. Exceptional Children and Youth, pp. 12-24

Texas Technical Research and Training Center Advocacy Systems for the Developmentally Disabled

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### View:

A Little Slow, Association-Sterling Films or National Audio-Visual Center (GSA), Washington, D. C. 20409 (14 min.)

Introducing P.L. 94-142, Secrets for Survival: Training Program for Teachers of the Severely/Profoundly Handicapped. Education Service Center, Region XXIII, Austin, Texas

### Participate:

- Student will engage in class discussion of implications of Legislation.
- Given a description of three children, students will select the least restrictive educational setting for each.

## Performance Criteria

A. The student will define the concept "right to treatment" by describing three constitutional provisions which may be interpreted as establishing a right to treatment.

B. The student will list and describe a minimum of four court cases which serve as landmark decisions for "right to treatment" and "right to education".

C. The student will describe the application of the "least restrictive environment" by defining the "cascade system" approach to educational placement.

D. The student will briefly describe the main purpose and provisions of P.L. 94-142 (Education for All Handicapped Children Act), P.L. 94-103 (Developmental Disabilities Assistance and Bill of Rights Act), P.L. 94-230 (Rehabilitation Act Extension of 1976), and Section 504 of the 1973 Vocational Rehabilitation Act.

E. Students will identify and briefly describe at least three methods of advocating the civil rights of handicapped individuals.

# Supplementary Reading

Burgdorf, M.P. "Growing Influence of the Law in the Lives of Handicapped Citizens: Current and Future Trends in Their Legal Rights". In M. Garrison (ed.) Manpower Projections for Developmental Disabilities in the 1980's.

Gilhool, T. "Education: An Inalienable Right" Exceptional Child, May 1973, pp. 597-609

Horner, R. D. The Rights of Handicapped Individuals to Education and Treatment.

Lippman, L. D. and Goldberg, I.I. Right to Education: Anatomy of the Pennsylvania Case and Its Implications for Exceptional Children.

Segal, S.S. No Child is Ineducable: Special Education Provisions and Trends.

# Objective 8

**8.0 Understands the concept of normalization.**

- 8:1 Defines Wolfensberger's principle of normalization
- 8:2 Describes normalization as it applies to appropriate community of instructional placement
    - 8:2:1 Identifies important facts of integration
    - 8:2:2 Identifies important programs for the achievement of activation
- 8:3 Describes the impact of normalization on institution populations
- 8:4 Identifies models for involving parents and family members in achieving normalization objectives

## Suggested Learning Activities

### Read:

Meyen, Edward L. Exceptional Children and Youth, pp. 190-192, 35-36, 119, 195-197, 88-90, 91-103.

### View:

Fitting In, Wisconsin Council on Developmental Disabilities, Bureau of Audio Visual Instruction, University of Wisconsin Extension, 1327 University Avenue, Madison, Wisconsin 53706 (27 min.)

Like Everybody Else and Graduation, Stanfield House, P. O. Box 3208, Santa Monica, CA 90403 (30 min., 15 min.)

### Participate:

- Interview a parent or family who has a severely/profoundly handicapped person residing in the home or nearby community setting.

# Performance Criteria

A. The student will describe the principle of normalization as defined by Wolfensberger.

B. The student will identify four important physical factors for the integration of the mentally retarded into the community.

C. The student will identify four important programs for the achievement of activation for the institutionalized retarded.

D. The student will describe the impact of normalization on institution populations.

E. The student will identify five model parent/family involvement strategies which contribute to normalization.

# Supplementary Reading

Anderson, R. M. and Greer, J. G. Educating the Severely and Profoundly Retarded.

Berkiansky, H. "Establishing Group Homes". Mental Retardation, Vol, 15, No. 4, 1977

Braddock, P. Opening Closed Doors

Close, D. "Community Living for Severely and Profoundly Retarded Adults: A Group Home Study" Education and Training for the Mentally Retarded, Vol, 12, No. 3, October 1977

Conroy, J. "Trends in Deinstitutionalization". Mental Retardation, Vol, 15, No. 4, 1977.

Gage, M. et. al. Group Homes for Developmentally Disabled Children.

O'Connor, G. Home Is a Good Place.

President's Commission on Mental Retardation. Mental Retardation The Known and the Unknown.

President's Commission on Mental Retardation. People Live in Houses: Profiles of Community Residences for Retarded Children and Adults.

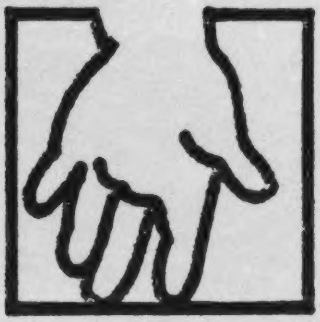
Sigleman, C. Group Homes for the Mentally Retarded.

Nirje, G. "The Normalization Principle and Its Human Management Implication." In Kugel, E. and Wolfensberger, W. Changing Patterns in Residential Services for the Mentally Retarded. Washington, President's Committee on Mental Retardation, 1969.

Wolfensberger, W. The Principle of Normalization in Human Services.

Wolfensberger, W. Orientation Manual on Mental Retardation: Part I.

# Behavior Principles



# Module III

# Behavior Principles

Severely handicapped individuals often lack appropriate adaptive and coping skills and frequently engage in inappropriate or maladaptive behavior. Teaching appropriate functional behavior and teaching the individual not to engage in inappropriate behaviors will become one of the major tasks of the human service technician. In order to provide appropriate education and training for severely handicapped persons, it is essential that the human service technician become proficient in current instructional technologies and apply them in appropriate ways on behalf of severely handicapped persons.

In this module the trainee will gain a general understanding of behavior principles. Shaping behavior, task analysis, accelerating and decelerating behaviors, establishing and maintaining stimulus control, and recording data are covered.

# Objective 1

**1.0 Describes relevance of the principles of behavior.**

1:1 Defines operant conditioning

1:2 Describes the concept of behavioral versus medical model

1:3 Identifies components of a behavioral objective

## Suggested Learning Activities

### Read:

Watson, L.S. Child Behavior Modification: A Manual for Teachers, Nurses and Parents, Ch. 1 and 2.

### View:

Genesis, Hallmark Films and Recording, Inc.

### Participate:

- Diagram and explain the operant conditioning model as presented in the student manual.
- Observe an individual and identify two behavior that should be decreased and two behaviors that should be increased.
- Complete a worksheet on behavioral objectives.
- Complete true-false, fill-in and essay tests on Chapter 1 and 2 of Child Behavior Modification: A Manual for Teachers, Nurses and Parents, Chapter 1 and 2.

## Performance Criteria

A. The student will identify the anticipated effects of reinforcement on a particular behavior.

B. The student will describe the relationship between stimulus control (cues) and behavior.

C. The student will describe the differences between the behavior and medical model for serving disabled persons.

D. The student will write one behavioral objective which includes the three components presented in the student manual; identify the terminal behavior, describe the important conditions under which the behavior will be expected to occur, and specify the criteria of acceptable performance.

E. The student will complete the true-false, fill-in and essay tests on Chapters 1 and 2 of *Child Behavior Modification: A Manual for Teachers, Nurses and Parents*, with 90% accuracy.

## Supplementary Reading

Bensberg, G. J. *Teaching the Mentally Retarded*.

Browning, R. M. and Stover, D.O. *Behavior Modification in Child Treatment*, pp. 42-74, Ch. 3, Measurement.

Miller, L. K. *Principles of Everyday Behavior Analysis*.

Watson, L. S. *A Manual for Teaching Behavior Modification Skills to Staff*.

Wheeler, A. H. and Fox, W. L. *Managing Behavior 5 - Behavior Modification: A Teacher's Guide to Writing Instructional Objectives*, pp 3-5.

# Objective 2

**2.0 Describes specific principles of behavior.**

2:1 Describes involuntary (reflexive) behavior

2:2 Describes voluntary behavior

2:3 Describes the principle of stimulus control

2:4 Defines reinforcement

2:5 Defines successive approximation

2:6 Defines contingent reinforcement

2:7 Defines chaining

2:8 Defines shaping

2:9 Defines goal behavior

2:10 Defines antecedent event

2:11 Defines consequent event

## Suggested Learning Activities

### Read:

Watson, L. S. *Child Behavior Modification: A Manual for Teachers, Nurses, and Parents*, Ch. 3

### Participate:

- Determine training priorities for a specific client.
- Complete standardized true-false, fill-in and essay tests on Chapter 3 of *Child Behavior Modification: A Manual for Teachers, Nurses and Parents*.

# Performance Criteria

A. The student will demonstrate his/her understanding of the principles of operant conditioning by defining and given examples of:

1. Reinforcement
2. Stimulus control
3. Chaining
4. Successive approximation
5. Contingent reinforcement
6. Shaping
7. Voluntary behavior
8. Involuntary (reflexive) behavior
9. Goal behavior
10. Antecedent event
11. Consequent event

B. The student will complete the true-false, fill-in and essay tests on Chapter 3 of Child Behavior Modification: A Manual for Teachers, Nurses, and Parents, with 90% accuracy.

# Supplementary Reading

Ackerman, J. M. Operant Conditioning Techniques for the Classroom Teacher.

Hall, R. V. Managing Behavior 1 - Behavior Modification: The Management of Behavior.

Hall, R. V. Managing Behavior 2 - Behavior Modification: Basic Principles.

Hall, R. V. Managing Behavior 3 - Behavior Modification: Applications in School and Home.

MaLott, R., Tellema, M., Glenn, S. Behavior Analysis and Behavior Modification.

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Stumphauzer, J. S. *Behavior Modification Principles*.

Rosenblith, J., and Allinsmith, W., *The Causes of Behavior*.

Watson, L. S. *A Manual for Teaching Behavior Modification Skills to Staff*.

# Objective 3

**3.0 Describes techniques for shaping behavior.**

3:1 Defines goal behavior

3:2 Describes the process of shaping

3:3 Describes the process of task analysis

3:4 Describes the process of task branching

3:5 Properly assess prerequisite skills

# Suggested Learning Activities

## Read:

Watson, L. S. Child Behavior Modification: A Manual for Teachers, Nurses, and Parents, Ch. 4 and 5

## View:

The Poppe Project, Available through Boise State University, Educational Media Center.

Task Analysis: An Introduction to a Technology of Instruction, Film Productions of Indiana.

## Participate:

- Have the students task analyze a behavior and organize the steps into a training program.
- Have the students task analyze a complete unit of behavior (such as dressing) and organize the analysis into a training form.

- Given a set of cards containing the components of a skill, the student must arrange the cards in the order one would instruct the skill.
- Given a case study of an individual child, the student must write an appropriate goal behavior for that child.
- Work with one particular client or student to establish a goal behavior and a task analysis.

## Performance Criteria

A. The student will list and describe the two components of shaping, successive approximation and chaining, as defined by Watson (Ch. 4, pp. 39-48).

B. The student will define in writing, goal behavior, as presented in Watson (Ch. 5, pp 52).

C. The student will complete the true-false, fill-in and essay tests on Ch. 4 & 5 of *Child Behavior Modification: A Manual for Teachers, Nurses, and Parents*, with 90% accuracy.

## Supplementary Reading

Azrin, N. H., and Holz, W. C. "Punishment, " in Honig, W. K. (ed.) *Operant Behavior: Areas of Research and Application*.

Ferster, C. B., and Perrott, M. C. *Behavior Principles*, Ch. 3

Watson, L. S., *A Manual for Teaching Behavior Modification Skills to Staff*.

# Objective 4

**4.0 Describes the techniques for accelerating behavior.**

- 4:1 Describes factors that influence the effectiveness of reinforcers
    - 4:1:1 The specific reinforcer being used
    - 4:1:2 The time interval between the occurrence of the behavior and receiving reinforcement
    - 4:1:3 How long the child has been deprived of the reinforcement
    - 4:1:4 The size of the reinforcement
- 4:2 Describes classifications of reinforcement
- 4:3 Describes two functions of reinforcement
- 4:4 Describes continuous and intermittent reinforcement
- 4:5 Describes token reinforcement

## Suggested Learning Activities

### Read:

Watson, L. S., Child Behavior Modification: A Manual for Teachers, Nurses and Parents, Ch. 6 & 7.

### View:

Token Economy: Behaviorism Applied. Available through Boise State University, Educational Media Center.

Principles of Behavior Management: Delivery of Positive Reinforcement, CDMRC Media Services, University of Washington, Seattle, WA.

**Participate:**

- List three items that are reinforcing to yourself.
- List two ways in which reinforcement can be made available, and describe the use of each.
- Use a reinforcement survey with a client or student.
- Complete standardized true-false, fill-in and essay tests on Chapter 6 and 7 of Child Behavior Modification: A Manual for Teachers, Nurses, and Parents.

## Performance Criteria

A. The student will write a definition of reinforcement, including what determines a reinforcer and when it is delivered.

B. The student will describe factors that influence reinforcement of a specific behavior.

C. The student will identify two schedules of reinforcement and the appropriate use of each schedule.

D. The student will list two functions that reinforcement serves, as presented in Watson.

E. The student will complete the true-false, fill-in, and essay tests on Chapters 6 and 7 of Child Behavior Modification: A Manual for Teachers, Nurses, and Parents, with 90% occuracy.

# Supplementary Reading

Ferster, C. B., and Skinner, B. F. Schedules of Reinforcement.

Ripp, A. C., Klett, S. Z., Sosebee, L. H. and Speir, N. C. "Differential Effects of Four Token Conditions on Rate and Choice of Responding in a Matching-to-Sample Task." American Journal of Mental Deficiency, 1975, 80, No. 1.

Walker, J. E. and Shea, T. M. Behavior Modification: A Practical Approach for Educators.

Watson, L. S. A Manual for Teaching Behavior Modification Skills to Staff.

# Objective 5

**5.0 Describes techniques for decelerating behavior.**

5:1 Identifies basic needs which, left unsatisfied, might result in undesirable behavior

5:2 Identifies three methods for dealing with frustration

5:3 Identifies three methods for dealing with undesirable behavior

## Suggested Learning Activities

**Read:**

Watson, L. S. Child Behavior Modification: A Manual for Teachers, Nurses, and Parents, Ch. 8

**View:**

Principles of Behavior Management: Negative Reinforcement

Principles of Behavior Management: Extension and Time Out. CDMRC Media Services, University of Washington.

Emotional Development; Aggression: Boise State University, Educational Media Services.

## Performance Criteria

A. The student will list at least six of eight basic needs of a person which, left unsatisfied, might result in an undesirable behavior, as presented by Watson, Ch. 8, pp. 88-89.

B. The student will list three methods for dealing with problems of frustration, as presented by Watson, Ch. 8, pp. 90-95.

C. The student will define and give one example for five methods for dealing with undesirable behavior as presented by Watson, Ch. 8, pp. 90-95.

D. The student will complete the true-false, fill-in, and essay tests of *Child Behavior Modification: A Manual for Teachers, Nurses, and Parents*, Ch. 8

## Supplementary Reading

Corte, H. E., Wolf, M. M., and Locke, B. J. "A Comparison of Procedures for Eliminating Self-Injurious Behavior of Retarded Adolescents." *Journal of Applied Behavior Analysis*, 1971, 4, pp. 201-213.

Epstein, L. H., Doke, L. A., Sojwaj, T. E., Sorrell, S. and Remmer, B. "Generality and Side Effects of Overcorrection." *Journal of Applied Behavior Analysis*, 1974, 7, pp. 385-390.

Foxx, R. M. and Azrin, N. H. "The Elimination of Autistic Self-Stimulatory Behavior by Overcorrection." *Journal of Applied Behavior Analysis*, 1973, 6, pp. 1-14.

Foxx, R. M. and Azrin, N. H. "Restitution: A Method of Eliminating Aggressive-Disruptive Behavior of Retarded and Brain Damaged Patients." *Behavior Research and Therapy*, 1972, 10, 15-27.

Gardner, W. I. "Use of Punishment Procedures with the Severely Retarded: A Review." *American Journal of Mental Deficiency*, 1969, 74, pp. 86-103.

Jackson, G. M., Johnson, C. R., Ackron, G. S. and Crowley, R. "Food Satiation as a Procedure to Decelerate Vomiting." *American Journal of Mental Deficiency*, 1975, 80, no. 2, pp. 223-227.

Lucero, W. J., Frieman, J., Spoering, K., and Fehrenbacher, U. "Comparison of Three Procedures in Reducing Self-Injurious Behavior." *American Journal of Mental Deficiency*, 1976, 80, no. 5, pp 548-554.

Miller, L. K. Principles of Everyday Behavior Analysis.

Peterson, R. F. and Peterson, L. R. "The Use of Positive Reinforcement in the Control of Self-Destructive Behavior in a Retarded Boy." Journal of Experimental Child Psychology, 1968, 6, no. 3, pp. 351-360.

Redl, F. and Wineman, D. Controls from Within: Techniques for the Treatment of the Aggressive Child.

Watson, L. S. A Manual of Teaching Behavior Modification Skills to Staff.

# Objective 6

**6.0 Describes procedures for establishing stimulus control.**

6:1 Describes stimulus control factors

6:2 Describes fading techniques

6:3 Describes prompting techniques

## Suggested Learning Activities

### Read:

Watson, L. S. Child Behavior Modification: A Manual for Teachers, Nurses, and Parents, Ch. 9

Project More: How to Do More

### View:

Try Another Way, Film Productions of Indianapolis.

### Participate:

- Demonstrate prompt fading procedure.

## Performance Criteria

A. The student will describe how stimulus control relates to behavior.

B. The student will describe how stimulus control develops.

C. The student will list three types of prompts used in training, and the order in which they are used.

D. The student will describe techniques for fading prompts in a training program.

E. The student will correctly apply the procedures in a role play situation.

F. The student will complete the true-false, fill-in and essay tests on Chapter 9 of Child Behavior Modification: A Manual for Teachers, Nurses, and Parents, with 90% accuracy.

## Supplementary Reading

Terrace, H. S. "Stimulus Control," in Honig, W. K. (ed). Operant Behavior: Areas of Research and Application.

# Objective 7

**7.0 Applies behavior principles of behavior in a practical setting.**

7:1 Demonstrates behavior modification techniques in a role-playing situation

7:2 Uses behavior modification techniques in specific training

7:3 Accurately records baseline data for specific behavior

7:4 Uses specific data sheets correctly

7:5 Identifies inconsistent or inappropriate training procedures and updates (reorganizes) training program to better meet the needs of clients.

## Suggested Learning Activities

### Read:

Watson, L. S. Child Behavior Modification: A Manual for Teachers, Nurses, and Parents, Ch. 9 and 10.

### Participate:

- Observe a simulated training session and locate at least two errors in preparing the training area.
- Role-play the training sequence including the presentation of the cue, charting response including no response, incorrect response, poor approximation and correct response and reinforcing appropriate behavior.

## Performance Criteria

A. The student will list the three components of training to be analyzed for updating, as presented in the student manual.

# Supplementary Reading

Kazdin, A. E. *Behavior Modification in Applied Settings*, pp. 86-104

National Education Association: *Discipline in the Classroom*.

Reese, D. G., Woolfender, R. M. *Behavioral Analysis of Everyday Life*.

Watson, L. S. *How to Use Behavior Modification with Mentally Retarded and Autistic Children: Programs for Administrators, Parents, Teachers, and Nurses*.

Watson, L. S. *A Manual for Teaching Behavior Modification Skills to Staff*.

## Sample Test:

Name: ______________________________

### BEHAVIOR PRINCIPLES

Objective 1: Principles of Behavior

1. Identify the anticipated effects of reinforcement on a particular behavior.

2. Describe the relationship between stimulus control (cues) and behavior.

3. Describe the differences between the behavior and medical model for serving disabled persons.

4. Write one behavioral objective which includes the three components presented in the student manual; identify the terminal behavior, describe the important conditions under which the behavior will be expected to occur, and specify the criteria of acceptable performance.

# Sample Test:

Name:________________________

## BEHAVIOR PRINCIPLES

Objective 2: Specific Principles of Behavior

1. Demonstrate your understanding of the principles of operant conditioning by defining and giving examples of:
    1. Reinforcement
    2. Stimulus Control
    3. Chaining
    4. Successive Approximation
    5. Contingent Reinforcement
    6. Shaping
    7. Voluntary Behavior
    8. Involuntary (reflexive) behavior
    9. Goal Behavior

10. Antecedent Event

11. Consequent Event

## Sample Test:

Name:__________________________

### BEHAVIOR PRINCIPLES

Objective 3: Techniques for shaping behavior

1. List and describe the two components of shaping, successive approximation and chaining, as defined by Watson (Ch. 4, pp. 39-48)

2. Define in writing, goal behavior, as presented in Watson (Ch. 5, p. 52)

# Sample Test:

Name: ______________________________

## BEHAVIOR PRINCIPLES

Objective 4: Techniques for Accelerating Behavior

1. Write a definition of reinforcement, including what determines a reinforcer and when it is delivered.

2. Describe factors that influence reinforcement of a specific behavior.

3. Identify two schedules of reinforcement and the appropriate use of each schedule.

4. List two functions that reinforcement serves, as presented in Watson.

# Sample Test:

Name:_______________________

## BEHAVIOR PRINCIPLES

Objective 5: Techniques for Decelerating Behavior

1. List at least six of eight basic needs of a person which, left unsatisfied, might result in an undesirable behavior, as presented by Watson, Ch. 8, pp. 88-89.

2. List three methods for dealing with problems of frustration, as presented by Watson, Ch. 8, pp. 90-95.

3. Define and give one example for five methods for dealing with undesirable behavior as presented by Watson (Ch. 8, pp. 90-95).

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# Sample Test:

Name: ______________________________

## BEHAVIOR PRINCIPLES

Objective 6: Procedures for Establishing Stimulus Control

1. Describe how stimulus control relates to behavior.

2. Describe how stimulus control develops.

3. List three types of prompts used in training, and the order in which they are used.

4. Describe techniques for fading prompts in a training program.

5. Correctly apply the procedures in a role play situation.

# Sample Test:

Name:__________________________

## BEHAVIOR PRINCIPLES

Objective 7: Behavior in a Practical Setting

1. List the three components of training to be analyzed for updating, as presented in the student manual.

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# Interactive Processes

# Module IV

# Interactive Processes

Both subtle and obvious factors affect the success of interactions between or among persons. Sufficient knowledge and understanding of these factors can often open channels of communication where it might be restricted or enrich communication once it begins.

The purposes of this module are: 1) to assit the human service technician in identifying his or her own strengths and weaknesses in interacting with others and 2) to provide information which may assist each human service technician in creating meaningful interactions throughout their professional day. At the completion of this module, each learner should be more aware of how interactions occur and the effects of different factors on those interactions.

# Objective 1

**1.0 Become aware of personal expectations and values as they apply to interpersonal communications.**

1:1 Identify personal and professional values for working with severely handicapped persons

1:2 Identify the expectations and values held by their peers, fellow students, paraprofessionals, etc. regarding the purpose of education, care and programming for severely handicapped persons

1:3 Identify the most common or likely values held by parents or guardians of severely handicapped persons

1:4 Discuss how differences in values and expectations may affect the success of communication between persons

1:5 Identify two personal values/expectations which may be in conflict with others with whom you interact

# Suggested Learning Activities

**Read:**

Buscaglia, L. F., "Parents Need to Know: Parent and Teacher Work Together," In J. I. Arena (ed.), *The Child with Learning Disabilities: His Right to Learn*. Pittsburg: Association for Children with Learning Disabilities, 1971

*OR*

Love, H. D. *Parental Attitudes Toward Exceptional Children*. Springfield, Ill.: Charles C. Thomas, 1970.

*OR*

Patterson, G. R. and Gullion, M. E. *Living with Children: New Methods for Parents and Teachers*. Champaign, Ill.: Research Press, 1968.

Ross, A. O. The Exceptional Child in the Family New York: Grune and and Stratton, 1964.

OR

Truax, C. B. and Wargo, D. "Human Encounters that Change Behaviors for Better or Worse". American Journal of Psychotherapy, 1966, 20, 499-520.

## Participate:

- The student will identify the values held by parents of severely handicapped persons regarding
    - Responsibilities of parents
    - Responsibilities of residential workers as understood by parents
    - Responsibilities of teachers as understood by parents
- The student will identify the priorities for severely handicapped children, youth or adults as held by parents
- The student will identify the values held by human service technician including:
    - Responsibilities of human service technician vs responsibilities of parents and teachers serving severely handicapped persons
    - Responsibilities of paid employees vs family members responsibilities
- The student will take a Self-Disclosure Questionnnaire, 1974 Annual Handbook for Group Facilitators
- The student will participate in "Hamshire in Basket: A Management Activity" in Pfeiffer, J. W. and Jones, J. E. (eds.)
- The student will participate in a "try on prejudice" exercise

# Performance Criteria

A. The student will identify five values held by parents of severely handicapped children or youth regarding the education and treatment of their children.

B. The student will identify five values they hold for persons they serve and will be able to prioritize these values in relationship to values held by parents.

C. The student will identify two strategies for communicating their own values for clients: 1) parents, 2) administrators and 3) other staff.

D. The student will identify three reasons for the development/selection of specific values or attitudes and will pose a justification for each attitude or value as held by:

1. a community-based colleague or institution-based colleague
2. a mentally retarded person
3. a severely/multiply handicapped child
4. a parent of an institutionalized child

E. The student will differentiate between their own values and those held by

1. a subordinate
2. a parent
3. a felow teacher
4. an administrator

F. The student will identify two values they hold which may be in conflict with the values of others.

* As this is a values clarification object, there are no right or wrong answers. The authors recommend completion of the Performance Criteria in a discussion format

# Supplementary Reading

Pfeiffer, J. W. and Jones, J. E. (eds.) A Handbook of Structured Experiences for Human Relations Training

# Objective 2

**2.0 Become aware of basic communication tools.**

2:1 Define paraphrasing as a communication skill and demonstrate its usage

2:2 Define behavior description as a communication skill and demonstrate its usage

2:3 Define description of feelings as a communication skill and demonstrate its usage

2:4 Define use of body language as a communication skills and demonstrate its usage

2:5 Define perception checks as a communication skill and demonstrate its usage

## Suggested Learning Activities

### Read:

Chartier, M. "Five Components Contributing to Effective Intrapersonal Communications." In Pfeiffer, J. W. and Jones, J.E. (eds.) 1974 Handbook for Group Facilitators.

Beier, Ernest G. "Non-Verbal Communications: How We Send Emotional Messages." In Psychology Today, November, 1974

McGuigan, C. A. Communication between Parents and Professionals, Module IX, Nevada Teachers' Resource Kit, State Department of Education, Carson City, Nevada (1979)

Stewart, J. Counseling Parents of Exceptional Children, Charles Merrill, 1979.

VIEW:

CM: Nonverbal Agenda, McGraw-Hill, 1221 Avenue of the Americas, New York, NY 10020.

Games People Play: The Theory Indiana University, Audio Visual Center, Bloomington, Ind. 47401 (30 min.), 1967.

Some Personal Learnings about Interpersonal Relationships University of California Extension Media Center, 2223 Fulton Street, Berkeley, CA 94720, (33 min.) 1966

## Participate:

- Assign parent and teacher roles to class members. Give each one a "conferencing situation" with some guidelines for their behavior. Have the person in the "professional role" practice specific communication strategies (i.e., seeking clarification through paraphrasing, seeking an understanding of a judgment through perception checks, etc.)
- In small groups, have students list factors which inhibit effective communication (binding statements).
- In pairs, with a third student as an observer, have student practice "active listening" (focus on body language as a means of communication).
- Have students identify the binding statement they use most in their communication with peers; have them identify two freeing statements which are frequent parts of their verbal behaviors.

## Performance Criteria

A. The student will correctly identify five elements/factors which contribute to effective intrapersonal communication.

B. The student will identify four distinctly different non-verbal communication activities.

C. The student will identify different types of non-verbal message receptors.

D. The student will correctly describe two examples of mixed verbal-auditory messages.

E. The student will provide two examples of each advantage/disadvantage on non-verbal cues.

F. The student will list five roadblocks to effective verbal communication.

G. The student will correctly identify, by providing an example of good and poor communication, Chartier's five components contributing to effective intrapersonal communications.

## Supplementary Reading

Bradwhistell, Ray 1. "Kinesics and Communication." Carpenter, E. S. and McLuheh, M. (eds.) Explorations in Communication, An Anthology.

Berne, E. Games People Play

Dinkmeyer, D. and McKay, G. S.T.E.P. Parent Handbook

Fabun, D. Communications: The Transfer of Meaning.

Fast, J. Body Language.

Frank, L. K. "Tactile Communication." Genetic Psychology Monographs, 1956, 1957, pp. 209-255.

Goffman, E. Interaction Ritual: Essays on Face-to-Face Behavior

Pfeiffer, J. W. and Jones, J. E. (eds.) A Handbook of Structured Experiences for Human Relations Training, Vol. 1, Vol, 111.

Sommer, R. Personal Space: The Behavioral Basis.

Wachtel, D. L. "An Approach to the Study of Body Language in Psychotherapy." Psychotherapy: Theory Research and Practice, Vol. 4, No. 3, August 1967.

# Objective 3

**3.0 Become aware of strategies and techniques for dealing effectively with difficult communication situations.**

3:1 Become aware of and demonstrate techniques for dealing with aggressive communication behavior

    3:1:1 Positive attributes
    3:1:2 Negative attributes

3:2 Become aware of and demonstrate techniques for dealing with frustration and anger.

# Suggested Learning Activities

## Read:

"Breaking Free of Attacking and Defending"

AND

"Sarcasm and Verbal-Nonverbal Incongruit: Making Alternatives Happen" Both articles in Talking It Out, Joseph M. Strayhorn, Jr. Research Press Company, Champaign, Ill., 1977

## Participate:

- Complete the exercises in Talking It Out, Chapters 5, 6 and 7.
- Have students make-up examples for
    1. citing specific behaviors and observations
    2. expressing mixed feelings
    3. asking for feedback
    4. nonverbal "I'm ok, you're ok" messages
    5. "you are good, you did something good, you're something good"
    6. I disagree with you but....
    7. mutual agreement finding
    8. communication postponement

## Performance Criteria

A. Student will write/explain three options for dealing with inappropriate aggressive behaviors from: 1) a parent, 2) a colleague and 3) an administrator.

B. Students will write/explain one option which they will select as a personal goal to improve upon during the next two months and will set a criteria for their own success or failure.

C. Students will write/identify/explain two occasions when aggressive behavior may be necessary and appropriate and two strategies on how aggressive behavior can be "carried off" effectively.

D. Students will write/explain two common misuses of aggressive behavior and give relevant examples.

E. Student will write/explain appropriate display of frustration and anger using no less than six examples (three of each).

F. Students will identify four strategies of defusing the frustration or anger of: 1) a parent, 2) a colleague, and 3) an administrator.

## Supplementary Reading

Kroth, Roger L. Communicating with Parents of Exceptional Children, Chapters 2, 3 and 4. Love Publishing Co., 1975

# Objective 4

**4.0 Become aware of strategies and techniques for delivering positive and negative feedback and demonstrate appropriate and inappropriate use of each.**

4:1 Identify the principles of positive reinforcement, punishment, negative reinforcement and ignoring as they apply to communication between or among persons

4:2 Describe reinforcement ratios, and the effects of immediate reinforcement vs. delayed reinforcement as it pertains to communication between or among persons

4:3 Identify the relationship between principles of reinforcement and feedback

4:4 Identify the differences between types of feedback: corrective, informational, reinforcing

4:5 Identify and demonstrate effective techniques for receiving and giving negative feedback

4:6 List and demonstrate phenomenon which enhance positive outcomes from the delivery of negative feedback--from both the giver perspective and the receiver's perspective (strategies employed to increase effectiveness and appropriateness)

## Suggested Learning Activities

**Read:**

Kroth, R. L. Communicating with Parents of Exceptional Children, Chapter 7 only.

McGuigan, C. A. Working Relationships: Communication between Parents and Teachers, Module IX, the Nevada Teachers' Resource Kit, pp. 29-40.

Strayhorn, Joseph M., Jr. "Speaking the Unspeakable" in Talking It Out

**Participate:**

- Complete role playing exercises on page 139 (exercise 27), page 144 (exercise 28), page 147 (exercise 29), in Talking It Out.

- Have small groups prepare similar exercises for each other (one group for another) and have the class discuss, as a whole, some "best possible" solutions. Direct these exercises to be specific to the events which are likely to be part of the day for a human service technician.

- Discuss the information presented in Chapter 7, Communicating with Parents of Exceptional Children by Roger Kroth. Have student identify how their interactions with parents are helped or hindered by their ability to provide meaningful feedback.

## Performance Criteria

A. In writing, students will correctly discuss at least three principles of reinforcement and will, in a role playing situation, be able to demonstrate at least three correct uses of feedback.

B. In writing, the student will be able to correctly specify which reinforcement ratios will increase behavior, maintain behavior or eliminate desired behavior.

C. In a small group discussion, each student will contribute his or her insights as to how the principles of reinforcement are related directly to giving and receiving feedback to or from parents, students, fellow workers and administrators.

D. In writing, students will correctly define types of feedback: corrective, informational and reinforcement.

E. In writing, each student will identify at least three factors which enhance and three factors which inhibit the effective delivery of negative feedback.

F. Students will identify three reasons why it is so difficult to deliver negative feedback and three strategies which can be employed to make it easier.

# Supplementary Reading

Patterson, G. R. Families Chapters 2, 3, 4 and 9

# Objective 5

**5.0 Become familiar with communication approaches and styles and identify their current and preferred style.**

5:1 List and discuss at least two approaches or theories of effective communication

5:2 Identify their current communication approach and set goals for themselves regarding methods of improving their communication with fellow workers, teachers, students, parents, and administrators

# Suggested Learning Activities

## Read:

Fabun, D. Communications: The Transfer of Meaning (Chapters to be determined by the instructor).

Fast, J. Body Language (Chapters to be determined by the instructor).

Zander, Alan F. "Team Spirit vs. the Individual Achiever" Psychology Today, November 1974, pp. 65-68

## View:

Group Dynamics, Lansford Publishing Co., P. O. Box 8711, San Jose, CA 95155, WW205TR

## Participate:

- During one class meeting, students will discuss the information presented in three readings from Fabus, Fast and Zander. Students will identify how the information relates to three problems in their particular settings.
- During a class session, the students will view Group Dynamics and will discuss the nature of group interaction and its effects on individual egos, attitudes, accomplishments, personal ownership of ideas, etc.

- Students will identify three issues which are likely to best be discussed by a group of professionals and support persons and three issues which are likely best to be left to individual discussions.
- Students will design a worksheet and set new communication goals for themselves (at least time) with an appropriate timeline and criteria for success.

## Performance Criteria

A. The student will list and discuss at least two approaches or theories of effective communication.

# Sample Test:

Name: ____________________

## INTERACTIVE PROCESSES

Objective 2: Become aware of basic communication tools

1. Identify five elements/factors which contribute to effective intrapersonal communication.

2. Identify four distinctly different non-verbal communication activities.

3. Identify different types of non-verbal message receptors.

4. Describe two example of mixed verbal-auditory messages.

5. Provide two examples of each: advantage/disadvantage of non-verbal cues.

6. List five roadblocks to effective verbal communication.

7. Correctly identify by providing an example of good and poor communication, Chartier's five components contributing to effective intrapersonal communications.

# Sample Test:

Name:____________________

## INTERACTIVE PROCESSES

Objective 3: Strategies and Techniques for Dealing Effectively with Aggressive Communication Behavior

1. Explain three options for dealing with inappropriate aggressive behaviors from: 1) a parent, 2) a colleague and 3) an administrator.

2. Write a personal goal to improve upon during the next two months. Set a criteria for your own success or failure.

3. Identify two occasions when aggressive behavior may be necessary and appropriate. Identify and explain two strategies on how aggressive behavior can be "carried off" effectively.

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4. Explain two common misuses of aggressive behavior and give examples.

5. Explain appropriate display of frustration and anger; give at least six examples.

6. Identify four strategies of defusing the frustration or anger of: 1) a parent, 2) a colleague and 3) and administrator.

# Sample Test:

Name: ______________________

## INTERACTIVE PROCESSES

Objective 4: Strategies and Techniques for Delivering Positive and Negative Feedback and Appropriate and Inappropriate Uses of Each

1. Discuss at least three principles of reinforcement.

2. Which reinforcement ratios will increase behavior, maintain behavior, or eliminate desired behavior?

3. Define the following types of feedback: corrective, informational and reinforcement.

4. Identify at least three factors which enhance and three factors which inhibit the effective delivery of negative feedback.

5. Identify three reasons why it is so difficult to deliver negative feedback and identify three strategies which can be employed to make it easier.

# Sample Test:

Name:______________________

## INTERACTIVE PROCESSES

Objective 5: Communication Approaches and Styles and Their Current and Preferred Style

1. List and discuss at least two approaches or theories of effective communication.

# Leisure Programming

# Module V

# Leisure Programming for the Severely Handicapped

The lives of most individuals can be divided into the three segments of time: (1) work, education or training; (2) self-maintenance (including sleeping, eating and taking care of personal needs; and (3) discretionary time. For most people, discretionary time is used to engage in play activities, recreation or leisure pursuits. Meaningful use of discretionary time is essential in achieving and/or maintaining a balance in one's social, psychological and physical health. This module is designed to acquaint the trainee with information relating to the effective use of discretionary or leisure time.

The provision of structured leisure-time activities can become a vehicle for the promotion of individual growth and development. It can also contribute to the enhancement of a sense of personal self-worth and self-fulfillment. These important benefits can be especially valuable to disabled and handicapped individuals.

The purpose of this module is to enable the direct-care worker to understand the basic concepts of "educating for leisure" and to be able to effectively involve the severely and profoundly retarded person in leisure activities which can contribute to the growth, development and life-enhancement of the individual.

Upon completion of this module, the trainee will acquire a basic understanding of the meaning of leisure, recreation and play. The trainee will also obtain an understanding of leisure education for the severely and profoundly handicapped, and will be able to identify the roles and functions of the several activity-oriented disciplines that provide leisure services to handicapped individuals. The trainee will be able to discuss resource utilization factors, equipment adaptation and architectural barriers. Finally, the trainee will learn to implement recreation programs for the disabled and the handicapped.

It is the intent of this module to prepare the human service technician to provide recreation services under the direction of a trained professional therapeutic recreation specialist. The use of activities as a therapeutic intervention should be left to the discretion of the therapeutic recreation specialist.

# Objective 1

**1.0 Comprehends basic definitions of leisure time activities.**

- 1:1 Understands the difference between leisure as a period of time and leisure as a quality experience
  - 1:1:1 Understands leisure as a concept of time
  - 1:1:2 Explains leisure time in relationship to work time
  - 1:1:3 Explains leisure time in relationship to subsistence time
- 1:2 Comprehends basic definitions of recreation
  - 1:2:1 Describes recreation in terms of activity participation
  - 1:2:2 Describes recreation in relationship to leisure time
  - 1:2:3 Describes the qualitative aspects of recreation participation
- 1:3 Understands basic definitions of play in relationship to human growth and development
  - 1:3:1 Names classical theories of play
  - 1:3:2 Names recent theories of play
  - 1:3:3 Identifies types of childhood play and their developmental sequence
- 1:4 Comprehends concept of "Education for Leisure"
  - 1:4:1 Explains impact of "work ethic" on society
  - 1:4:2 Defines concept of leisure education
  - 1:4:3 Explains importance of leisure time activities for severely/profoundly retarded individuals

## Suggested Learning Activities

**Read:**

Fairchild, E. and Neal, L. Common Unity in the Community.

Gunn, L.S. and Peterson, C.A. Therapeutic Recreation Program Design: Principles and Procedures.

Murphy, J.E. Concepts of Leisure: Philosophical Implications, pp. 1-13, 42-47, 59-71, 109-116, 151-154

Wehman, Paul Helping the Mentally Retarded Acquire Play Skills: A Behavioral Approach

Wehman, Paul Recreation Programming for the Developmentally Disabled Persons

**Participate:**

- On the first day of class, write one paragraph each on what leisure, play, and recreation mean to you.
- Observe activity of children, adults, and the elderly involved in a leisure-time pursuit. Would their activity be considered play, recreation, or work?
- Discuss in class your concept of play: How do you play, what value does it hold in your life, what needs does it meet?
- Select a typical play activity, for example hide-and-seek. Ask several students to interpret the activity according to various theories of play. Discuss in class.

## Performance Criteria

A. The student will identify two philosophers who have studies the phenomenon of leisure and discuss two concepts of leisure that are ascribed to by each philosopher.

B. The student will identify a minimum of three different concepts that have been expressed through the professional literature on the relationship between work and leisure.

C. The student will correctly identify the basic concept attributed to each classical play theory, recent play theory and modern play theory.

D. The student will develop a definition of recreation.

E. The student will define the "work ethic" in American society and discuss its origin, the factors that contribute to its perpetuation and the impact it has on present-day society.

F. The student will identify the basic concepts of leisure education.

G. The student will identify at least four contributions which leisure-time activities can make to the growth and development of severely/profoundly retarded individuals.

## Supplementary Reading

Boyd, N. L "Play as a Means of Social Adjustment". Therapeutic Recreation Journal, 1(2), 1967, pp. 18-24.

Ellis, J. J. "Play and Its Theories Re-examined," in Park and Recreation, August, 1971, pp. 51-55.

Erikson, E.H. Childhood and Society.

Gray, D. "Exploring Inner Space," in Parks and Recreation, December, 1972

Kraus, R. Recreation and Leisure in Modern Society, pp. 335-356, 361-364, 395-397.

Parton, M.L. Social Participation Among Preschool Children," Journal of Abnormal Social Psychology, XXVII, 1932, pp. 243-269.

Piaget, J. Play, Dreams, and Imitation in Childhood.

Sapora, A.V. and Mitchell, E.D. The Theory of Play and Recreation, pp. 77-112

# Objective 2

**2.0 Understands the various roles and functions of activity-oriented disciplines that provide leisure to handicapped individuals.**

2:1 Defines activity therapy disciplines

- 2:1:1 Defines therapeutic recreation
- 2:1:2 Defines adapted physical education
- 2:1:3 Defines physical therapy
- 2:1:4 Defines occupational therapy
- 2:1:5 Defines art therapy
- 2:1:6 Defines dance therapy
- 2:1:7 Defines music therapy

2:2 Explains the difference between activities used as therapy and activities for recreation and leisure participation as and end unto themselves.

## Suggested Learning Activities

### Read:

American Alliance for Health, Physical Education and Recreation, Careers in Activity Therapy Fields.

Giacobbe, G. and Graham, R. M. "Music Therapy Implications for Recreation Programming," in Paul Wehman's Recreation Programming for Developmentally Disabled Persons.

Kraus, R. Therapeutic Recreation Services: Principles and Practices.

### Participate:

- Observe practitioners from each discipline working with clients/consumers.
- Interview representatives of related activity disciplines and prepare written statement identifying basic roles and functions of each field.
- Participate in class discussion focused on defining unique role and functions of related activity disciplines. Discuss activities performed by each discipline and how they all interrelate.

# Performance Criteria

A. Given a hypothetical case study, the student will identify at least one way in which physical activities would be used by each of the following:

   1. Physical Therapist
   2. Adaptive Physical Education Specialist
   3. Therapeutic Recreation Specialist

B. The student will describe the difference between Occupational Therapy and Art Therapy.

C. The student will describe the difference between Dance Therapy and Music Therapy.

D. The student will differentiate between the use of activities as therapy and the use of activities as recreation and leisure.

# Objective 3

**3.0 Understands classifications and components of recreation as a leisure-time activity.**

3:1 Identifies the component of recreation-leisure activities

- 3:1:1 Identifies physical-motor components of activities
- 3:1:2 Identifies socio-psychological components of activities
- 3:1:3 Identifies cognitive components of activities
- 3:1:4 Identifies affective components of activities

## Suggested Learning Activities

**Read:**

Danford, M. Creative Leadership in Recreation

**View:**

Wherever We Find Them. (Video Tape) Available through Boise State University Teacher Education/Special Education Department

**Participate:**

- Complete a worksheet on identifying activity components

## Performance Criteria

A. The student will provide two examples of how recreation might influence physical, intellectual and psycho-social development.

B. The student will identify a minimum of four ways in which the recreation/leisure phenomenon could positively or negatively affect the social life of any individual.

# Supplementary Reading

Boyd, N. "Play as a Means of Social Adjustment". Therapeutic Recreation Journal, 1(2), 1967, pp. 18-24

Cohen, P. "A Compilation of Recreation Activities Which May Aide in the Reduction of Hostility in Psychiatric Patients". Therapeutic Recreation Journal, 8 (1), 1974

Hayes, G. "Activity Analysis: Finger Painting for the Mentally Retarded". Therapeutic Recreation Journal, 5(3), 1971

Lehman, L. "Stimulation Games". Therapeutic Recreation Journal, 2(2), 1968

National Recreation and Park Association. Leisure Activities Participation and Handicapped Individuals, Assessment of Research Needs.

Post, M. S. "Therapeutic Activities: Objectives and Goals," Therapeutic Recreation Journal, 7(2), 1973, pp. 21-25

Slovenko, R. and Knight, J. (eds) Motivation in Play, Games and Sports.

Tillman, A. The Program Book for Recreation Professionals

# Objective 4

**4.0 Demonstrates resource utilization factors in program implementation.**

- 4:1 Lists equipment required for a variety of leisure time activities
  - 4:1:1 Identifies recreational equipment
  - 4:1:2 Recognizes supportive equipment
  - 4:1:3 Illustrates equipment adaptations
  - 4:1:4 Identifies health and safety considerations
- 4:2 Describes and lists activity resource areas needed and available in both the institution and the community
  - 4:2:1 Identifies recreational media and supplies
  - 4:2:2 Recognizes supportive media and supplies
  - 4:2:3 Demonstrates media and supply adaptations

# Suggested Learning Activities

**Read:**

Adams, R.C., Daniel, A., and Rullman, L. Games, Sports and Exercises for the Physically Handicapped.

Fish, H. Activity Programs for Senior Citizens.

Grove and Kerran, "Teaching the Severely Retarded to Use Playground Equipment", The Best of Challenges, Vol. 1, 1971, pp. 162-164 .

Gump, P. and Mei, Y. "Activity Games for Physically Handicapped Children". In Avedon, E. M. and Sutton-Smith, B. (eds.) The Study of Games, 1971, pp. 356-370.

Williams, Becky; Briggs, Nancy; and Williams, Ron "Selecting Adapting, and Understanding Toys and Recreation Materials" in Recreation Programming for the Developmentally Disabled Person, Paul Wehman (ed.)

**Participate:**

- Complete a worksheet listing physical barriers that persons with physically-limiting conditions might encounter at a site for a recreation program, for instance, surface, ramps, curbings, railings, lighting, tables, fountains and so forth.

- Delineate the design factors and adaptation that should be considered for effective and safe utilization with a group of physically and mentally handicapped children in the following:

    1. Conducting an arts and crafts program.

    2. Utilizing playground equipment (swings, slides, apparatus, sand areas, etc.)

## Performance Criteria

A. The student will identify five architectural barriers and specify how they could be eliminated.

B. The student will identify five considerations in selecting a site for an outdoor recreation area that will be accessible and useable by all persons.

C. The student will discuss how to adjust equipment to meet special needs.

## Supplementary Reading

McGauhey, R. "From Solution to Solution: The New Focus in Fighting Environmental Barriers for the Handicapped:. Rehabilitation Literature, 37(1), 1976, pp. 10-12.

Michaus, L. The Physically Handicapped in the Community.

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Nellist, I. Planning Buildings for Handicapped Children.

Olson, S. and Meredith, D. Wheel Chair Interiors.

President's Committee on Employment of the Handicapped, Forging a Barrier Free Society.

Recreation Resources Center, Design Standards to Accomodate People with Physical Disabilities in Park and Open Space Planning.

Remmes, H. Housing Adjustments for Disabled Persons.

U. S. Department of Health, Education and Welfare, National Park Guide for the Handicapped.

U. S. Department of Health, Education and Welfare, Outdoor Recreation Planning for the Handicapped.

U. S. Department of Housing and Urban Development, Barrier Free Site Design.

# Objective 5

**5.0 Comprehends principles of activity program planning.**

- 5:1 Understands individual needs and functional levels of clients as they relate to leisure and recreation
    - 5:1:1 Defines psychological needs
    - 5:1:2 Defines social needs
    - 5:1:3 Defines biological needs
    - 5:1:4 Defines physiological needs
    - 5:1:5 Defines intellectual needs
- 5:2 Explains scheduling factors
    - 5:2:1 Considers personal requirements
    - 5:2:2 Enumerates financial considerations
    - 5:2:3 Identifies time requirements and considerations
    - 5:2:4 Explains facility requirements and considerations
    - 5:2:5 Identifies resources, requirements and considerations (supplies and/or equipment)
- 5:3 Explains steps in program planning and development
    - 5:3:1 Identifies factors to consider in program planning and development
    - 5:3:2 Identifies limiting factors or constraints imposed by agencies
- 5:4 Comprehends and applies activity leadership skills with clients
    - 5:4:1 Explains and demonstrates techniques for a variety of activities
    - 5:4:2 Describes activity adaptation techniques with severely/profoundly retarded children
    - 5:4:3 Demonstrates motivational techniques in activity leadership

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## Suggested Learning Activities

### Read:

Danford, H. and Shirley, M. Creative Leadership in Recreation, pp 110-124

Gunn, S. L. and Petersen, C. A. Therapeutic Recreation Principles and Procedures.

Peterson, C. A. "Applications of Systems Analysis Procedures to Program Planning in Therapeutic Recreation." In Avedon, E. M. Therapeutic Recreation Services: An Applied Behavioral Science Approach, pp 128-154

### Participate:

- Interview an activity director or therapeutic recreation director and report to class on the frame of reference utilized in program planning for that agency.
- Develop and present in class a one-week therapeutic recreation program schedule for any special population and setting.
- Critique a recreation interest survey instrument.

## Performance Criteria

A. Student will lead the class in at least five different activities.

B. The student will explain the rules and procedures for five different activities.

C. Given hypothetical case studies the student will explain how to adapt three specified activities so that the case study clients can participate.

D. The student will identify six techniques of motivating participants in a recreational activity and discuss how they can be affectively utilized with the severely/profoundly retarded.

E. The student will define the following:

1. Psychological needs
2. Social needs
3. Physiological needs
4. Biological needs
5. Intellectual needs

F. The student will demonstrate the effectiveness of scheduling ability by (1) planning a program for a specific group, (2) implementing the program for a specific group.

G. The student will identify five potential situations for circumstances that could impose limitations or constraints on an otherwise ideally constructed program.

## Supplementary Reading

Avedon, E. Therapeutic Recreation Service: An Applied Behavioral Science Approach.

Binstock, J. Requiem for Momisum." Futurist, June, 1972

Brown, R. "Year-Round Schools and Recreation," Parks and Recreation, November, 1972, pp. 20-23,38.

Cleland, C., Swartz, J. D. and Chasey, W. C. "The Role of Play Games and Toys, in Recreation Programming for the Moderately and Profoundly Retarded." Therapeutic Recreation Journal, Vol. 5, 4th Quarter, 1971

Dodson, D. W. "The Dynamics of Programming," in Gray, D. and Pelegrino, D. Reflections on the Recreation and Park Movement, pp. 86-89

Eifermann, R., "Social Play in Childhood," in Herron, R. E. and Sutton-Smith, B. (eds), Childs Play, pp. 289-296

Friggins, P. "New Impetus for the Year-Round School, "PTA Magazine, March 1972.

Grove and Kerran, "Teaching the Severely Retarded to Use Playground Equipment." The Best of Challenges, Vol.1, 1971, pp. 162-164

Hendee, J. "Rural-Urban Difference Reflected in Outdoor Recreational Participation," Journal of Leisure Research, 1, (4), 1979, pp. 333-339.

Kraus, R. Recreation Today: Program Planning and Leadership.

Robert, L. and Bruce, J. "Impact of the 12 Month School." Parks and Recreation, April, 1976, pp. 28-20,42.

Slovenko and Knight, Motivation in Play, Games and Sports.

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## Sample Test:

Name:______________________

LEISURE PROGRAMMING FOR THE SEVERELY

Objective 1: Comprehends basic definitions of leisure time activities

1. Who are Don Fabun and Aristotle? Describe two concepts of leisure ascribed to by each philosopher.

2. Explain three different concepts of the relationship between work and leisure.

3. Match the following:

Classical___________

Recent_____________

Modern_____________

A. Concerned with the existence of surplus behaviors that seem to be emitted even though the emitter does not seem driven by the necessary responses of survival.

B. Concerned with the elements of man that lead him to play and the purposes that play serves.

C. Concerned with the content of the play behavior and attempt to link the antecent and subsequent events, causes, and effects in the stream of behavior. They attempt to account for the play of and individual.

4. Define recreation.

5. Define the term "work ethic", describe its origin, the factors that contribute to its perpetuation and the impact it has on present-day society.

6. Which are basic concepts of Leisure Education? Circle the correct answers.

    1. To develop attitude and behavior toward leisure marked by good selection of recreational pursuits.

    2. To impose a particular definition of leisure on everyone.

    3. To promote the conditions, within the person and within the environment, that will bring about a certain state of mind.

    4. To develop new school curriculums, starting with elementary grades, which teach leisure attitudes and behaviors.

7. Name four contributions leisure activities can make to the growth and development of special population individuals.

# Sample Test:

Name:________________________

LEISURE PROGRAMMING FOR THE SEVERELY

Objective 2: Understands the various roles and functions of activity-oriented disciplines that provide leisure to handicapped individuals as well as other closely related disciplines.

1. Describe the difference between Occupational Therapists and Art Therapists.

2. Describe the difference between Dance Therapist and Music Therapist.

3. Differentiate between the use of activities as therapy and the use of activities as recreation and leisure.

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## Sample Test:

Name:________________________

LEISURE PROGRAMMING FOR THE SEVERELY

Objective 3: Understands classifications and components of recreation as a leisure-time activity.

1. How can leisure influence physical, intellectual and psycho-social development? Give two examples of each.

2. Describe four ways in which the leisure phenomenon could positively or negatively affect the social life of any individual.

# Sample Test:

Name:____________________________

LEISURE PROGRAMMING FOR THE SEVERELY

Objective 4: Demonstrates resource utilization factors in program implementation

1. List five architectural barriers and discuss how they could be eliminated.

2. List five considerations needed in selecting an outdoor recreation area that would be accessible and usuable by all persons.

3. Give four examples of how equipment could be adjusted to meet special needs.

# Sample Test:

Name: ______________________________

## LEISURE PROGRAMMING FOR THE SEVERELY

Objective 5: Comprehends principles of activity program planning

1. List six techniques of motivating participants in a recreational activity and how these can be effectively utilized with the severely/profoundly retarded.

2. Define the following:
   a. Psychological needs:

   b. Social needs:

   c. Physiological needs:

   d. Biological needs:

   e. Intellectual needs:

3. List five potential situations for circumstances that could impose limitations or constraints on an otherwise ideally constructed program.

# Client Care

# Module VI

# Client Care of the Developmentally Disabled

This module is concerned with those skills which are basic to the daily functioning of the human service technician. It places emphasis on aspects of daily care that are vital to the physical well-being of the severely handicapped persons. Since the human service technicican is in almost constant contact with severely handicapped persons, it is especially important to be able to perform services that will enhance the daily life of these people. This can be done by maintaining each handicapped person's health at an optimal level and maximizing each's developmental potential.

In this module the trainee will investigate many aspects of daily care. Consideration will be given to those environmental and human factors which contribute to a healthy and safe environment. Basic nutrition planning will be addressed as well as variations in diets which may be necessary due to various handicapping conditions. Trainees will learn proper feeding techniques to use with patients unable to feed themselves. Trainees will also learn bathing and toileting techniques to use with persons unable to perform these daily maintenance skills on their own. Trainees will learn how to position persons for greater comfort and range of motion. They will also learn proper techniques for lifting and transferring persons.

Because human service technicians are in direct contact with handicapped persons over extended periods of time, they are usually the first to notice unusual conditions or behaviors. They may be the first to detect the effects and side effects of medication. Therefore a section on commonly used drugs, their effects and side effects has been included in this module.

Upon completion of this module, the trainee will have the skills necessary to attend to the daily basic needs of handicapped persons. Improved daily care service will enhance the lives of handicapped persons and enable them to interact more readily with their environment.

# Objective 1

**1.0 Comprehends elements necessary for clean environment.**

1:1 Describes appropriate criteria for client's living environment

1:1:1 Identifies hazards associated with unclear domicile
1:1:2 Defines role of housekeeping personnel
1:1:3 Identifies methods of preventive cleanliness

1:2 Recognizes important of personal hygiene

1:2:1 Describes benefits to self
1:2:2 Describes benefits to client
1:2:3 Describes benefits to peers

# Suggested Learning Activities

## Read:

Wolff, LuVerne, R.N. , M.A., Wentzel, Marlene H., R.N., Ph.D., Fuerst, Elinor, R.N., M.A. "The Immediate Environment of the Patient," Fundamentals of Nursing, 6th Edition, J. B. Lippincott Co., New York, 1979, Chapter 12, pp. 2260-250.

Woods, Lucile A., R.N., M.S., "Handwashing Techniques for Medical Asepsis," Nursing Skills for Allied Health Services, W. B. Saunders Co., Philadelphia, PA. 1978, Unit 8, pp. 123-138.

## View:

Handwashing and Personal Hygiene, Trainex Corporation, P. O. Box 116, Garden Grove, CA 92642.

Housekeeping Orientation, Trainex Corporation, P. O. Box 116, Garden Grove, CA 92642

Sanitizing the Hospital Environment, Trainex Corporation, P. O. Box 116, Garden Grove, CA 92642

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# Performance Criteria

A. The student will identify ten hazards created by unclean environment.

B. The student will identify three methods of preventive cleanliness.

C. The student will list daily tasks of housekeeping.

D. The student will identify five psychological benefits of maintaining personal hygiene.

E. List advantages and liabilities of working with a peer who is:

    a. Clean, neat and pleasant
    b. Dirty, disheveled and disagreeable

# Objective 2

**2.0 Comprehends elements necessary for a safe environment.**

- 2:1 Describes structural elements of a safe environment
  - 2:1:1 Identifies fire hazards
  - 2:1:2 Identifies electrical hazards
  - 2:1:3 Knows Life Safety Code regulations
- 2:2 Understands human factors in safe environment
  - 2:2:1 Identifies proper evacuation techniques
  - 2:2:2 Demonstrates proper evacuation techniques
  - 2:2:3 Recognizes need for personal vigilance in care of ambulatory clients

# Suggested Learning Activities

## Read:

Woods, Lucile A., R.N., M.S.,"Environment and the Patient," Nursing Skills for Allied Health Services Unit 3, pp. 27-40.

Sorensen, Karen Creason, R.N., B.S., M.N., Luckmann, Joan, R.N., B.A., M.A., "Providing a Safe and Therapeutic Environment," Basic Nursing: A Psychophysiological Approach, W. B. Saunders Co., Philadelphia, PA 1979, Chapter 25, pp. 521-525.

## View:

Structural Fire Safety in Hospitals, Trainex Corporation, P. O. Box 116 Garden Grove, CA 92642

Emergency Removal of Patients, Trainex Corporation, P. O. Box 116, Garden Grove, CA 92642*

How to Identify Electrical Hazards, Trainex Corporation, P. O. Box 116, Garden Grove, CA 92642*

* Available through Audio Tutorial Laboratory, Nursing Department, Boise State University

## Participate:

- Demonstrate evacuation techniques with modifications necessary for severely, profoundly and multiply handicapped population.
- Identify potential hazards that could be caused by the neglect of a trainee.
- Identify electrical hazards that might be found in areas frequented by clients.
- Inspect client areas to find all potential safety hazards for:

  a. clients restricted to bed
  b. ambulatory clients

## Performance Criteria

A. The student will identify six potential fire safety hazards.

B. The student will identify five potential electrical hazards in areas frequented by clients.

C. The student will identify three common Life Safety Code Regulations.

D. The student will properly evacuate a client from building during a fire drill.

E. The student will identify ten hazards that could be caused by personnel and will distinguish between hazards for ambulatory and hazards for non-ambulatory clients.

# Objective 3

**3.0 Applies skills in daily care of clients.**

3:1 Demonstrates proper feeding techniques

  3:1:1 Prepares client for food
  3:1:2 Selects proper utensils
  3:1:3 Utilizes adaptive techniques as necessary
  3:1:4 Feeds client
  3:1:5 Restores environment to normalized conditions

3:2 Demonstrates proper bathing techniques

  3:2:1 Determines client's abilities
  3:2:2 Assembles necessary bathing items
  3:2:3 Follows approved bathing techniques
  3:2:4 Restores environment to normalized conditions

3:3 Demonstrates proper diapering techniques

  3:3:1 Selects proper diaper and cleansing materials
  3:3:2 Removes soiled diaper
  3:3:3 Cleanses perineal area
  3:3:4 Secures clean diaper
  3:3:5 Disposes of soiled diaper properly

3:4 Utilizes client's chart

  3:4:1 Understands importance of confidentiality of records
  3:4:2 Knows meaning of basic charting symbols
  3:4:3 Knows proper sequence of information
  3:4:4 Records pertinent information in chart

# Suggested Learning Activities

## Read:

Selected readings from "The Other 23 Hours," 1969, the Aldine Publishing Company, Chicago, Illinois.

Woods, Lucile A., R.N., M. S., "Assisting With Nutrition", Nursing Skills for Allied Health Services, Unit 17, pp. 343-358.

Woods, Lucile A., R.N. M.S., "Bathing", Nursing Skills for Allied Health Services, Unit 11, pp. 181-202.

Woods, Lucile A., R.N. M.S., "Care of Hair", Nursing Skills for Allied Health Services, Unit 12, pp 203-222.

Woods, Lucile A., R.N., M.S., "Care of Skin", Nursing Skills for Allied Health Services, Unit 13, pp. 223-230.

Woods, Lucile A., R.N., M.S., "Assisting the Patient to Dress and Undress", Nursing Skills for Allied Health Services, Unit 10.

Woods, Lucile A., R.N., M.S., "Introduction to Charting", Nursing Skills for Allied Health Services, Unit 7, pp. 99-122

## View:

Serving and Feeding the Patient, Trainex Corporation, P. O. Box 116, Garden Grove, CA 92642

Bed Baths, Showers and Tub Baths, Trainex Corporation, P. O. Box 116, Garden Grove, CA 92642

Peri Care, Trainex Corporation, P. O. Box 116, Garden Grove, CA 92642

Observation and Charting, Trainex Corporation, P. O. Box 116, Garden Grove, CA 92642

Temperature, Pulse and Respiration, Trainex Corporation, P. O. Box 116, Garden Grove, CA 92642

* Available through Audio Tutorial Laboratory, Nursing Department, Boise State University

## Participate:

- Observe trained professionals or paraprofessionals
- Review typical chart of client

# Performance Criteria

A. Under direct supervision, the student will correctly feed five clients who have adaptive needs.

B. Under direct supervision, the student will bathe clients, using adaptive techniques as necessary.

C. The student will accurately administer and read ten thermometers.

D. The student will accurately measure and record the pulse rates of ten clients.

E. The student will accurately record the daily activities of a client on his chart.

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# Objective 4

**4.0 Applies basic principles of body mechanics.**

- 4:1 Understands implications of body mechanics for self
  - 4:1:1 Recognizes importance of leverage
  - 4:1:2 Identifies strong muscles groups
  - 4:1:3 Uses strong muscles in lifting clients
  - 4:1:4 Uses strong muscles in transferring clients
- 4:2 Understands implications of body mechanics for client
  - 4:2:1 Positions bedridden client properly
  - 4:2:2 Changes client's position accurately
  - 4:2:3 Demonstrates range of motion exercises
  - 4:2:4 Utilizes assistive devices appropriately

# Suggested Learning Activities

## Read:

Woods, Lucile A., R.N., M.S., "Body Alignment, Balance and Movement for Health Workers, Part I", Nursing Skills for Allied Health Services, Unit 5, pp. 53-78.

Woods, Lucile A., R.N., M.S., "Body Alignment Balance and Movement for Health Workers, Part II", Nursing Skills for Allied Health Services, Unit 6, pp. 79-98.

Woods, Lucile A., R.N., M.S., "Patient Movement and Ambulation", Nursing Skills for Allied Health Services, Unit 14, pp. 249-278.

Woods, Lucile A., R.N., M.S., "Mechanical Aids for Ambulation and Movement", Nursing Skills for Allied Health Services, Unit 15, pp. 279-294.

Woods, Lucile A., R.N., M.S., "Positioning the Bed Patient", Nursing Skills for Allied Health Services, Unit 16, pp. 331-342

Meyer Children's Rehabilitation Institute, University of Nebraska Medical Center, Omaha. Positioning, Turning and Transferring, Part of the Value-Based Skills Training Curriculum.

**View:**

How to Work All Day Without Getting Hurt, Trainex Corporation, P. O. Box 116, Garden Grove, CA 92642

Lifting and Moving Patients, Trainex Corporation, P. O. Box 116, Garden Grove, CA 92642*

Positioning Patients for Comfort and Safety, Trainex Corporation, P. O. Box 116, Garden Grove, CA 92642*

Range of Motion Exercises to Prevent Contractures, Trainex Corporation, P. O. Box 116, Garden Grove, CA 92642*

Positioning Techniques (Video), Meyer Children's Rehabilitation Institution, University of Nebraska Medical Center, Omaha, Nebraska.**

Primitive Reflects, (Video), Meyer Children's Rehabilitation Institution, University of Nebraska Medical Center, Omaha, Nebraska.**

The Basis of Movement, (Video), Meyer Children's Rehabilitation Institution, University of Nebraska Medical Center, Omaha, Nebraska.**

Transferring, (Video), Meyer Children's Rehabilitation Institution, University of Nebraska Medical Center, Omaha, Nebraska.**

Turning (Video), Meyer Children's Rehabilitation Institution, University of Nebraska Medical Center, Omaha, Nebraska.**

* Available through Audio Tutorial Laboratory, Nursing Department, Boise State University

** Available through Special Education Section, Teacher Education Department, Boise State University

**Participate:**

- Attend lectures on common body mechanics and locomotive problems
- Attend lectures on range of motion exercises for given problems
- Participate in exercises utilizing proper position and transfer techniques
- Role-play client's use of assistive devices (walkers, braces, wheelchairs)

## Performance Criteria

A. The student will identify ten common problems in the area of body mechanics and locomotion.

B. The student will demonstrate the correct use of five assistive/adaptive devices.

C. The student will transfer and/or lift four clients correctly.

D. The student will properly position and reposition a bedridden client.

# Objective 5

**5.0 Comprehends fundamentals of nutrition.**

- 5:1 Identifies the four basic food groups
    - 5:1:1 Lists the four basic food groups
    - 5:1:2 Describes benefits of each group
    - 5:1:3 Gives examples of foods in each group
- 5:2 Recognizes elements of frequently-used diets
    - 5:2:1 Lists common special diets
    - 5:2:2 Specifies purposes for each diet
    - 5:2:3 Gives examples of food found in each diet

# Suggested Learning Activities

## Read:

Review readings from Objective 4:1 (Woods, Lucile A., R.N., M. S., "Assisting with Nutrition", Nursing Skills for Allied Health Services, Unit 17

## View:

Feeding the Patient, Trainex Corporation, P. O. Box 116, Garden Grove, CA 92642*.

Serving and Feeding the Patient, Trainex Corporation, P. O. Box 116, Garden Grove, CA 92642

The Low Fat Diet, Trainex Corporation, P. O. Box 116, Garden Grove, CA 92642

* Available through Audio Tutorial Laboratory, Nursing Department, Boise State University

**Participate:**

- In small groups, demonstrate proper preparation and handling of foods.
- Assist in service of food to clients.
- List basic food groups. Place items from trainees daily diet into appropriate group.

## Performance Criteria

A. Given a list of edible items, the trainee will identify the basic food group in which each item belongs.

B. Identify the common special diets, give reasons for each diet and typical examples of each.

C. Identify four common feeding problems associated with the severely, profoundly and multiply handicapped population.

D. Prepare a balanced menu for one day.

# Objective 6

**6.0 Recognizes characteristics of commonly used medications.**

- 6:1 Identifies the purposes of the most commonly used drugs
- 6:2 Recognizes significant reactions to medications commonly used with clients
    - 6:2:1 Identifies expected reaction to each medication
    - 6:2:2 Identifies potentially dangerous reaction to each medication
    - 6:2:3 Comprehends major side effects of frequently used medication
    - 6:2:4 Identifies potentially dangerous reaction to each medication

## Suggested Learning Activities

### Read:

Bergersen, Betty S., R.N., M.S., Ed.D., Goth, Andres, M.D., "Orientation to Pharmacology", Pharmacology in Nursing, C. V. Mosby Co., St. Louis, 1979, pp. 1-5.

Loebl, Suzanne, Spratto, George, Wit, Andrew. "Drug Toxicity, (untoward reactions)", The Nurses Drug Handbook, John Wiley and Sons, New York, 1977, pp. 18-27.

Loebl, et al, for specific commonly used drug actions, side effects, and dosages.

### View:

The Barbiturate Drugs, Drugs-From Research to Your Patient, Trainex Corporation, P. O. Box 116, Garden Grove, CA 92642

### Participate:

- Review your agency's policy on storing and dispensing drugs

# Performance Criteria

A. Identify the medications most commonly used with the population.

B. Describe each medication, the expected effects and possible side-effects.

## Sample Test:

Name: ____________________

### CLIENT CARE OF THE DEVELOPMENTALLY DISABLED

Objective 1: Comprehend elements necessary for clean environment

1. Identify ten hazards created by unclean environment.

2. Identify three methods of preventive cleanliness.

3. List daily tasks of housekeeping.

4. Identify five psychological benefits of maintaining personal hygiene.

5. List advantages and liabilities of working with a peer who is:

   a. clean, neat and pleasant
   b. dirty, disheveled and disagreeable

## Sample Test:

Name:________________________

CLIENT CARE OF THE DEVELOPMENTALLY DISABLED

Objective 2: Comprehend elements necessary for a safe environment

1. Identify six potential fire safety hazards.

2. Identify five potential electrical hazards in areas frequented by client.

3. Identify three common Life Safety Code regulations.

4. Describe how to properly evacuate a client from a building during a fire drill.

5. Identify ten hazards that could be caused by personnel and will distinguish between hazards for ambulatory and hazards for nonambulatory clients.

## Sample Test:

Name:__________________________

CLIENT CARE OF THE DEVELOPMENTALLY DISABLED

Objective 4: Apply basic principles of body mechanics

1. Identify ten common problems in the area of body mechanics and locomotion.

# Sample Test:

Name: ______________________

CLIENT CARE OF THE DEVELOPMENTALLY DISABLED

Objective 5: Comprehend fundamentals of nutrition

1. Identify the basic food group for each of the following items:

chicken
apple
raisin
bread slice
milk
hamburger
spinach
cheese
corn
peanut butter
spaghetti
yogurt
beans
rice
eggs
orange
hamburger bun
carrots
nuts
banana
fish

2. Identify the common special diets, give reasons for each diet and typical examples.

3. Identify four common feeding problems associated with the severely, profoundly and multiply handicapped population.

4. Prepare a balanced menu for one day.

## Sample Test:

Name:________________________

### CLIENT CARE OF THE DEVELOPMENTALLY DISABLED

Objective 6: Recognize characteristics of commonly used medications

1. List the medications most commonly used with severely handicapped persons, describe each medication--the expected effects and possible side effects.

# Appendices

# Appendix A

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